THE LANCET.

LECTURES

ON THE

THEORY AND PRACTICE OF PHYSIC,

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Lecture IV.

Gentlemen,

In my preceding Lectures I have spoken of five of the principal characteristic properties of life; I shall now recapitulate some of the principal points, as I do not consider we are yet sufficiently advanced to proceed with the other vital properties. By this mode of proceeding I trust our progress, though slow, will be the more secure.

The *first* property, which I mentioned as characterising life, was a peculiarity of chemical composition. I have before said, that the elements of living beings are themselves not peculiar, but that it is in their arrangement and combination that the peculiarity consists.

The *second* characteristic of living beings, is that arrangement of parts called structure, or organisation. I stated that this property distinguished living from common, or inanimate matter.

The *third* property which I spoke of, was that of self-preservation, a power which enables bodies to resist a variety of destructive agents, such as heat, cold, fermentation, putrefaction, and some others. These three, I observed, are passive properties, while there are others discoverable in living beings which are of a more active kind: these are feeling, and an inherent power of motion. I spoke of these two properties (namely, a capacity of feeling impressions, and of moving in consequence of such impressions beings made) as being found in all living beings, plants as well as animals; that they are in fact essential to the display of life. Two kinds of feeling, as well as two kinds of motion, are to be distinguished; the one is of a simple kind, and is universally found in all tribes of beings that are possessed of life; it is this kind of feeling that makes them susceptible of impressions, in consequence of which motion follows. This kind of feeling is not attended with consciousness, for consciousness is an attribute of the mind, and is limited to a few; simple feeling is common to all living beings. It may be asked, how do we know that such a kind of simple feeling exists in us, or in the rest of living nature? The answer is, the effects from it. An impression is made upon some part of the body, and action results in consequence. Now the action taking place, is itself a proof of the existence of this kind of feeling, for if the impression were not in some way felt by the part, no reason can be given why action should follow. This simple kind of feeling has been called by different names, as susceptibility, irritability, and excitability; all these terms are nearly of the same import, and are employed to express that kind of simple feeling which is found in the whole of animated nature.

That higher kind of feeling, which is attended with consciousness, is much more limited; it is found only in animals, for plants, as far as we can judge, do not possess it; every part of animals has not this property, for it resides only in some particular parts of them. This kind of feeling is called sensibility, or conscious feeling, and will be further spoken of when we treat of the human body in particular. The motion, or action, that takes place in living beings, or at least in animals, is also of two kinds; one is involuntary, the other voluntary.

Simple feeling, or susceptibility of impression, is always connected with or followed by involuntary motion; in fact, it would be plainly of no use to give a being a susceptibility of impression if no consequences were to result from it; movement, therefore, is superadded to it. An impression is made in order to excite

motion; this involuntary motion is observed to be going on in different parts of the body, over which the will has no influence; the action of the heart and blood-vessels, absorbents, alimentary canal, and various other parts, is of this description; these movements are constantly taking place, and we have no control over them. This kind of involuntary motion is as universal as the simple kind of feeling, or irritability; susceptibility of impression and involuntary motion always go together. All parts that are irritable are capable of this kind of motion. All the changes which plants and animals are continually undergoing are the result of this involuntary movement; the only proof we have of its existence is in the results. If we look at a plant, we discover nothing like movement; but if we wait, so as to have an opportunity to observe the changes that have taken place, we shall be assured that movement must have occurred in order to produce these changes. This power of involuntary movement is termed mobility, in order to distinguish it from that kind of movement which is produced by the will, and which is thence called voluntary motion. The parts of the body which we can put in action, by the influence of the will, are called the voluntary muscles. The power of voluntary motion is very limited; it is very questionable whether it exists at all in plants; there is, however, something like it in the movements of the sensitive plant, and some others. This kind of movement is not at present the subject of our consideration.

I mentioned, in my last lecture, that the causes of motion, the exciting powers, or, as they are called, stimuli, are various, and of different natures. Some are calculated to excite motion in one structure and not in another; thus the stimulus of light excites the movement of the iris, but of no other part. Even the action of the heart and blood vessels does not appear to be altogether spontaneous; we know that they have a stimulus, which is the blood; this, by its peculiar properties, and also by the distension which it occasions, is the exciting power to these organs. Some stimuli are so powerful and general, as to be capable of exciting any part of the body. Intense heat and electricity may be mentioned as examples of this. There is no part which is not under the influence of these powerful agents.

All the causes of vital motion may be reduced to three general heads—volition, ideas of the mind, and stimuli, or impressions from without. I have before mentioned that volition, or the will, excites motion in certain parts only, and that these parts are called the voluntary muscles. As, however, these make a part of the nervous system they will be recurred to again. Examples of motion excited by ideas of the mind are afforded in the act of blushing in the human subject. Great disorder, in various parts of the system, is often produced by certain ideas of the mind; thus terror produces a violent and irregular action of the heart and contraction of the extreme vessels, and, at times, much greater disorder even than this.

The kind, as well as the degree, of motion of living beings is different. We know, from the results, that the movements are various. If, for instance, we reflect on inflammatory as compared with healthy action, the results in the two cases, are so different, that it is impossible to attribute it to a difference in degree only. We must suppose that even the nature of the action is changed, as well as the degree of it, and that in inflammation the action is altered, more than increased. A difference in the degree of movement merely will not explain the production of a peculiar motion. The quality or kind of action must in this case be altered.

I have before mentioned, that the degree of motion or action taking place in living beings, is liable to vary according to circumstances; as,—1st, according to the force of the stimulus,—2nd, according to the disposition in the part to act, and 3d, according to the power of acting. It may be useful to discuss this somewhat further.

The force of the stimulus has always an influence on the degree of action produced, though it is not the sole cause. Generally speaking where all the other circumstances are the same, the degree of action that results will be in proportion to the force of the stimulus applied. But the susceptibility, or disposition in the part to act, is different at different times. In these cases the action that follows is not merely according to the force of the stimulus applied. Suppose, for instance, that the susceptibility, or disposition to act, is in excess, the part will then be more readily influenced by a stimulus than it would otherwise have been; the effect will be increased, and the degree of action will be greater than the force of stimulus employed. This state is observed in infants, who are more susceptible of impression than adults; and consequently, the effect produced by a stimulus is greater in the former than the latter. These are not mere abstract

positions. In the treatment of infants, we should remember that they are more susceptible than adults; this applies both to the exhibition of food and of medicine. In individuals of the same age, the susceptibility of impression is also liable to vary. In some, this property is in excess, and they are said to be irritable; in others it is deficient, and such are said to be torpid subjects. Both these states require our consideration. In irritable subjects, disease is more readily excited; and in the administration of medicines we find the same proof of irritability. In the opposite state when torpor prevails, the subject is less susceptible of disease, and it is more difficult to excite action by medicines. Such persons often escape the operation of many of the causes of disease that influence others. This state of torpor may be natural or constitutional, or it may be the result of disease. If it be natural, it is observed through life, and is in general characterised by slowness of pulse, that is, the heart is torpid, as well as the other parts of the system, and consequently less disposed to act. Accordingly, we find some persons whose pulse is comparatively slow, perhaps not more than 60 in a minute, or even less than this; whilst in other individuals, it will be near 100. This difference in the state of the pulse, not only marks the different degrees of irritability in the heart and vessels, but, in general, it points out the state of the whole system. I am aware that this is not universally the case; the heart may be torpid, and the other parts of the system at the same time irritable; but, speaking in a general way, the state of the pulse indicates the degree of susceptibility in the whole body. In applying this to diseases, the effect is obvious; we are enabled to give a better prognosis. Subjects with slow pulse seldom fall into pulmonary consumption; on the contrary, we in general find this disease in persons whose pulse is frequent; such being very prone to the disease. If, however, torpid persons do become the subjects of phthisis, we find that it proceeds in them very slowly; subsisting oftentimes for years. Nothing is more common than to find persons, particularly those advanced in age, suffering under pulmonary consumption for years; and perhaps they die at length of some other disease. On the contrary, if the pulse be frequent, we may be sure that the progress of such disease will be rapid, and that the termination will not be far distant. We carry this into practice, and make it our primary object to reduce the excessive action of the vascular system. We administer medicines that are calculated to reduce the frequency of the pulse, such as the digitalis, knowing that we thus give the best chance of a cure, if a cure be possible. The reduction of the frequency of circulation is the most important point we can aim at.

While upon the subject of mobility, or involuntary motion, it will be necessary to say a few words in regard to what we are to understand by the term strength as applied to living beings. This is a subject which has been much mistaken; a comparison having been sometimes made between it and the strength of inanimate matter. The strength of an animal has been compared to the strength of a metal rod; and there is good reason for supposing that preparations of iron have been exhibited on account of some supposed analogy of that kind. Thus because iron is strong, it was thought it would communicate strength to living beings. It is hardly necessary to notice the absurdity of this opinion. Again, strength of system has been compared to the muscular strength of animals. This is erroneous. The strength of an animal, even a horse, is not greater, physiologically speaking, than that of a man, or even of a child.

Strength, in animals, is the power of acting which they possess, and by which they are enabled to perform their different functions. It is the "perfection of life," where all the vital properties exist, as mentioned, in the higher degree, and applies to every part, not merely the voluntary muscles. In this sense, an infant is stronger than a man; for all its functions are more perfectly performed. Strength and health, therefore, are nearly synonymous terms; for we cannot make an animal stronger than by putting it in perfect health. Strength is the result of the principle of life, and is probably the same, in its nature, in different parts; the effects being varied by the structure. Strength appears to be owing to the *quantity* of vital power present. I know not that we can, with propriety, apply the term "quantity" to a principle we know nothing of, yet to render our meaning intelligible, we are often obliged to use language which is not strictly applicable. So here, we speak of the "quantity" of vital power, without considering it as a substance or matter that can be measured.

Weakness is the reverse of strength; it is a want of the power of acting with due effect; and must proceed, either from a deficiency of vital power, or from an imperfect state of the organization. The latter cause is irremediable. The vital power may be diminished by loss of blood, and (which comes to the same

thing) a deficient supply of nutriment. The vital power again is liable to be exhausted by excess of action; and thus over-exertion of all kinds leads to weakness. This exhaustion of the vital power, or weakness, is induced by the over-exertion of any part or function, either of mind or body; hence the vital power appears to be diffusible through the system.

It appears, from what has been now said, that the quantity of vital power is limited; it could not otherwise be exhausted by its expenditure in the actions of the system. It is recruited, however, by rest or inaction, but only to a certain degree. The body does not become stronger and stronger, the longer it remains at rest, but rather the contrary. By total inaction, any of the faculties of the body or mind may be lost, whilst they are improved by moderate exercise. The quantity of vital power (which is only judged of by the ability to make and to continue the exertions) appears to be naturally different in different individuals; some are by nature weak, others strong; not in regard to muscular strength merely, but to any of the faculties.

Debility, or weakness, has been considered as of two kinds, direct and indirect. Weakness induced by over-exertion has been called indirect debility, to distinguish it from that which takes place from loss of blood, or (which comes to the same) defective supply of nutriment; the latter has been termed *direct* debility. The distinction is useful in practice; for the relief to be given must have a relation to the cause, and consist chiefly in avoiding the causes. Thus, if weakness is the result of over-exertion, i. e. too much action, as is the case after most acute and violent diseases, as fevers and the like, strength is only to be restored by time and rest, avoiding, as much as possible, all unnecessary action in the system. Stimulants, whether in the form of food, drink, or medicine, in such cases, are not only useless, but injurious.

If, on the other hand, the weakness proceeds from excessive discharges, as loss of blood, or from inanition, or deficient supply of food, nothing will restore strength, but supplying the system with what it has lost, and which is only to be done by a proper supply of food. If weakness be connate, or constitutional, it is irremediable. Medicines have no direct power of giving strength to the system; they only serve to regulate the movements or actions of the body, which they may either increase or diminish simply, or disturb variously. Those that produce the first effect are called stimulants; the second, sedatives, and the third, irritants. In health, the actions of the system are balanced pretty equally, but in disease, there is always an inequality of action, some parts acting in excess, some deficiently, and it is a frequent indication in practice to restore the balance of actions, so as to equalise them; restraining those that are in excess, and exciting such as are deficient. Increasing the action of one part, tends to diminish that of others. The reason is, that the vital power being limited, there is too much of it expended in the one part, by which the supply of others is diminished. Examples of this are numerous. Thus in diarrhœa, there is an excess of action in the intestinal canal, and this is always attended with general weakness of system. This disease has often been called "weakness of the bowels," than which nothing can be more erroneous. Weakness implies deficiency of action, but in this disease there is excess of action. Both the muscular and vascular action of the intestines is increased. Instead of this being a disease of weakness, it is in fact the reverse, at least as far as regards the past. In a febrile state of body, likewise, the heart and blood vessels are acting too strongly, and in this case the muscular system is weak. This fact admits of useful application in practice, as in the case of cold extremities, which frequently accompany headaches in delicate females; such cases require both general and local stimulants to restore the action of the extreme vessels. In various diseases, also, that consist in excess of action (and which is the case in the greater number) we act upon this principle, which we call the principle of counter-irritation.

LECTURES

ON SOME

PRACTICAL POINTS OF SURGERY,

DELIVERED TO THE

Students of the late Borough Dispensary,

BY MR. ALCOCK.

LECTURE III.

Gentlemen,

Although some may suppose the full investigation of any given instance of disease to be a waste of time, I believe that the practitioner, who is anxious to discharge his duty faithfully, will find the fullest investigation the greatest economy of time; for when the disease is once clearly ascertained and understood, the

subsequent inquries may be limited to the changes and progress since the previous examination; whilst, with imperfect conceptions and confused notions, there is an endless repetition of the same unmeaning inquiries. The skilful physician or surgeon carries the confidence of the patient along with him, by the facility with which he traces cause and effect; and the direct reference which his questions bear to the malady assures the patient that his case is understood. I need scarcely observe, that the mode of interrogating a patient should be adapted to the intellect and habits of the individual, and that what would be appropriate to a person of liberal education would be useless and unintelligible to an unlettered rustic, or an ignorant labourer.

In giving general directions relating to the various means which it is presumed the patient or his attendants may carry into effect, not only should the means to be *used* be distinctly and intelligibly stated, but also those which are to be *avoided;* for the knowledge of what ought to be avoided is frequently as important as a knowledge of that which ought to be done.

The communication to the patient (or friends) of such particulars of the state of his health as may be necessary to induce a ready compliance with the means to be employed for his recovery is of no inconsiderable moment, not only as influencing the confidence of the patient, but more particularly conducing to the favourable termination of the disease.

The *diseases of children* cannot be too attentively considered, since the future comfort, health, and even existence of the individual, frequently depend upon the skill exerted in the management of disease during infancy; they demand, if possible, a more strict observance of all the circumstances of each individual case than is required in the diseases of adults. The inability of infants to describe in words their feelings or their sufferings must be compensated by the more careful inquiry into every particular capable of throwing light upon the nature and extent of the malady.

The total absence of deception, or of those preconceived notions which sometimes render the investigation of disease in adults so perplexing, is no inconsiderable advantage; and when the practitioner to a sufficient knowledge of his profession joins habits of acute and persevering attention, the diseases of infancy may be traced with a degree of certainty which a superficial observer might be apt to consider unattainable.

The arrangement of the plan, with blank spaces to be filled up, which I have adopted in reference to the diseases of children, is on the same principles as that already given for the investigation of the diseases of adults; but necessarily comprising details designed to supply by observation the inability of the sufferer to express his complaints in words.*

Whether relating to the diseases of adults or of children, when any case has been thus fully examined, an abstract or abridgment, comprising the essential circumstances, will form an useful exercise for the student, and a valuable record. The abstract should be carefully revised, and be completed as soon as convenient after the termination of each case; and such remarks be added as may elucidate the action of remedies, or explain any important circumstance. When disease terminates fatally, no opportunity should be omitted of making a careful pathological examination and recording the deviations from the natural structure which have taken place.

The student, who is anxious to avail himself of his opportunities of improvement, will do well to construct a series of tables so as to exhibit the general results of all the instances of disease which have fallen under his observation, and the essential particulars of which should be found in his clinical case-book. The advantages thus obtained, by enabling the student to generalize the facts, to compare the results of the various modes of treatment, and thereby to adopt, in future practice, that mode which has proved the most entitled to confidence, are sufficiently obvious.

It is to be regretted that the College of Surgeons should not have adopted some methodical arrangement, for collecting the results of the surgical practice in all the Hospitals of the kingdom. Were such a work published annually, it would be alike interesting as a scientific record and subservient to the best interests of humanity. But such an undertaking would be incompatible with that mistaken self-importance which has insulted the able and philanthropic surgeons of provincial Hospitals, by setting at nought whatever qualification in knowledge may have been obtained from these excellent schools of surgery.

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* The table shown was similar to that contained in the Essay on the education and duties of the general practitioner, relating to the diseases of children.

On Bleeding.

There is a *right* and a *wrong* in surgery, as well as in morals and mathematics, and the surgeon who despises the distinction, although in matters which the unthinking deem of little consequence, will be apt to be overtaken by some of those mishaps commonly called accidents, although depriving a fellow creature of life, which may blast his reputation, and embitter recollection during the remainder of his existence.

I am aware that bleeding is considered so simple a part of surgery, that every one may perform it, and hence its details are generally omitted in the usual courses of surgical instruction; nevertheless, scarcely a year passes without some unfortunate instance of death, occasioned by the consequences of this simple operation.

Of the importance of bleeding, as a remedial agent, I need not descant, since you all know, that it is the mean on which the greatest reliance may be placed for arresting or subduing those inflammations of the vital organs which, when uncontrolled by art, generally terminate in death. You must also be aware that, like all other powerful remedies, bloodletting may be abused; that it may be employed when uncalled for by the state of the patient, and that, when needed, it may be so imperfectly adapted to the exigencies of the case, as wholly to fail in affording the relief it was designed to effect. But they who would argue against the use of any remedy, because it may also admit of abuse, would do well to leave off eating and drinking, because gluttony and drunkenness are eating and drinking in excess. But let it not be supposed, that although bloodletting form an essential part of the remedial treatment of many dangerous diseases, it alone will suffice to place the patient in a condition of safety: were any one remedy capable of this simple and universal application, then would the study of medical science be superfluous, and the quack be upon the level with the more enlightened practitioner; but as the best remedies require, in their perfect adaptation to the exigencies of any particular case, the aid of a discriminating observation, a knowledge of the resources of science, and a sound judgment to detect these resources—these qualifications should characterize the disciples of the healing art. Dangerous error in the treatment of disease is of too frequent occurrence; and though the assurance of every thing having been done by the practitioner that could be done, may be sufficient to satisfy the feelings of surviving friends, yet the premature loss of a life which the more perfect acquaintance with the resources of art might have been the means of preserving, must give rise to reflections too painful to be contemplated by the conscientious mind. Hence let the resolution faithfully to understand and practise the duties of your profession excite you to that persevering labour and exertion—that steady deliberation and deep thought, which must overcome all difficulties, in so arduous a pursuit.

On the subject of inflammation, the works of Mr. J. Hunter, Mr. J. Burns, Mr. J. H. James, and of Drs. Parry, Thomson, Hastings, and Philip, and many others, will afford valuable information and materials for meditation. By those whose other occupations do not permit extensive reading, the excellent experimental essay of Dr. Philip, entitled, "Some Observations relating to the Powers of Circulation, and the state of the Vessels in an Inflamed part," published in the Medical and Chirurgical Transactions, may be consulted, as affording, in a very clear and concise manner, the present state of physiological knowledge on this interesting subject.

Notwithstanding the labours of many eminent men, the phenomena of inflammation are still less perfectly understood than their importance demands, and the labours of those improvers of medical knowledge, whose works have illustrated this subject, leave an ample scope for further investigation. In the exact sciences much may be effected by accurate observation and induction, and every one may hope to become a successful labourer, who, divesting himself of preconceived notions, endeavours to interpret nature in the spirit of truth.

With a view to encourage physiological research in those who might have leisure for experimental inquiry, a premium of a gold medal was offered in 1823, by the Associated Apothecaries and Surgeon Apothecaries of England and Wales for the best experimental essay on inflammation, in which the principal desiderata were stated: "1st, To ascertain the actual changes which take place in the various tissues or textures of which the body is composed, when suffering inflammation, particularly in the condition of the nerves and blood vessels; 2d, The order in which the phenomena occur; 3d. The means by which the morbid changes have been induced; 4th, The remedial means which have been found the most efficacious in restoring the natural condition of the inflamed parts."

The effects of loss of blood are best elucidated by means of the accidents in which surgical assistance is required. Sometimes, also, in the practice of midwifery, hæmorrhage takes place to a dangerous and frightful extent. Frequently the loss of blood occurs without consciousness of the patient; and whether it proceed from the wound of an internal artery, or secondary hæmorrhage from the stump of an amputed limb, the pale bloodless countenance, the sinking pulse, the relaxation of the muscles, the irregular gasping respiration, the clammy skin, and death-like appearance of the eye, rather than words, indicate the danger of the sufferer. Even in taking away blood remedially, it is needful to watch the slightest changes indicating the effect upon the system, for it is not by ordering a determinate quantity to be abstracted, that the safety of a patient labouring under the inflammation of a vital organ can be secured; no, the effect produced must be the test by which the patient must be relieved, and a greater loss of blood than necessary be prevented. Excessive bleeding frequently leaves the patient in a state from which it may be long ere he recover. A medical man, absent from home, had an attack of inflammation of the lungs: although small in stature, and far from being robust, he was bled repeatedly, (no less than five times within 24 hours,) as largely as if he had been a stout and hardy highlander: it was long before he was able to leave his bed, and now, at the distance of three years, he declares he has never recovered from the effects of that excessive depletion.

A medical student, at that time acting as an assistant, was in the habit of sitting up night after night in the prosecution of his studies; spitting of blood, with great oppression of the chest, was the consequence: from this he was relieved by bleeding, but not till it was carried so far as to produce fainting. Although cautioned against renewing the cause of his illness, the relief after the bleeding was so complete, that he soon renewed his studies by night; his spitting of blood, and an oppression at the chest returned, and were again relieved by the same means. A gentleman of high reputation who saw him, and observed the quantity of blood which had flowed from the lungs, pronounced him to be in a consumption, and recommended his removal to a warmer climate. This could not be complied with, and his employer assured him that he might regain his health if he would abstain from late sitting, and adopt those general precautions in addition to medicinal treatment, which his very precarious state of health required. He had several returns of his complaint, and the urgent symptoms were in no instance relieved until depletion was carried so far as to produce fainting; but however small the quantity of blood abstracted from a vein, by which that effect was produced, the relief was as complete as if the loss of blood had been to the greatest extent. By bleeding him from a free orifice, and in the erect position, the fainting was produced without greater loss of blood than from four to six ounces, and on several occasions the smaller quantity sufficed. After a considerable period of rest, nursing, and antiphlogistic remedies, aided by country air as soon as he was able to leave town, he perfectly recovered, and now enjoys health and an extensive medical practice in the country.

Thus the effects which it may be designed to produce, may be a sudden depression of strength by as small a loss of blood as may be adequate to that end; or to diminish the quantity of circulating blood to the greatest extent the system can bear with safety. In the latter case, the horizontal position, and a moderate-sized orifice, must be adopted. Large quantities of blood are sometimes lost, without producing faintness, provided the loss be gradual, as the vessels contract and adapt themselves to the diminished bulk circulating within them; whilst the same quantity suddenly withdrawn from the circulation would endanger the immediate loss of life.

Bleeding may be divided into *general* and *local*; the former being performed by opening some of the larger veins, as those of the arm, neck, &c.; the latter by arteriotomy, leeches, scarification, cupping, &c.

Before any one should be permitted to perform venesection on the living body, he ought to be made acquainted with the strict anatomical relation of the parts on which he is about to operate; the bend of the arm is the place usually preferred. It is not sufficient that he be able to find a vein, for that is generally obvious enough, but he should be able to trace the course of the superficial nerves which accompany the veins, and also of the artery, that he may be able to avoid the injury of that vessel. The fascia, the tendonous expansion, &c., should be sufficiently known, that their situation may be distinctly traced. There is often considerable irregularity in the superficial veins at the bend of the arm; but the deviation of greater importance is that of the high division of the humeral artery,

when one of its divisions, generally the ulnar, becomes more superficial than in the usual course of that vessel. Notwithstanding this more superficial course, it still passes under the vein and fascia, and nothing short of gross ignorance, awkwardness, or inattention, can endanger the opening of the artery in performing venesection. Study accurately the relation of these parts to each other, and you may certainly avoid the disgrace of so dangerous a mistake. (Mr. Alcock illustrated the surgical anatomy of the bend of the arm by a series of models, drawings, and engravings, showing the usual relation of the parts and the more common deviations, and by tracing the situation of the blood vessels and nerves upon the living arm; explaining the circumstances which should determine the point to be selected for the performance of the operation.)

The difficulties occasionally experienced in performing venesection arise from various causes: a cold state of the skin, by forcing the blood towards the internal parts, will often cause the superficial veins to be so empty as to be with difficulty opened, and when opened the quantity of blood is frequently insufficient and unsatisfactory; it is better to restore the warmth of surface before proceeding to the operation. Fear may produce effects similar to those of cold; faintness, unsteadiness, bluntness of a lancet, condensation of the part from previous festering, may each occasionally produce difficulty; the smallness of the veins in females who are tolerably plump, and in young children, frequently prevents the veins from being seen, so that their situation can only be ascertained by the touch.

The requisites for bleeding are—a correct anatomical knowledge of the relation of the parts, a lancet in good order, bandages, compresses, cups or vessels to receive the blood, water, towels, sponge, and, in case of faintness, hartshorn or ammonia. In cases of emergency, a lancet, and any common material to serve as a bandage, will suffice. The placing the patient so that the light may fall upon the part should not be forgotten, for it is an indication of great awkwardness in the operator to place himself between the patient and the light, so as to intercept it and overshadow the part on which he is about to operate. The assistant should take care to prevent the blood flowing upon the dress or bed of the patient.

The changes which the blood undergoes when drawn from the vein of a patient labouring under inflammation, namely, the separation of the buffy coat and the subsidance of the red particles, are best observed by using small vessels; for if the vessel be so large as to allow, during the flow of blood, any approach to coagulation of that portion first drawn, or if the blood trickle down the arm, the distinction above alluded to will be only very imperfect. I prefer the use of cups capable of containing about six ounces each; common tea cups answer the purpose very well, and afford an indication of quantity much nearer the mark than when a large vessel is used. (Specimens of the buffy appearance of the blood were shown.)

In performing the operation of bleeding, the bandage should be applied from one to two inches above the intended opening of the vein, sufficiently tight to obstruct the circulation in the superficial veins, but not of the other vessels of the limb; if it obstruct the pulsation of the artery it is too tight. The position of the patient, and the extent of orifice, must be regulated by the effect which it is designed to produce by the loss of blood; let the light be sufficient; the position, if the patient be sitting, may be with the arm held aside, or rather backwards, so as to prevent the first jet falling upon the clothes. Supposing the right arm to be that on which the operation is performed, supporting or grasping the fore-arm with the hand and fingers, apply the thumb of the left hand about an inch below the intended orifice, and press the skin, but neither to one side or the other. Holding the lancet between the thumb and forefinger of the right hand, rest the other fingers firmly upon the fore-arm of the patient, at a convenient distance to afford steadiness to your hand and allow of the free motion of the point of the lancet. Whenever an awkward accident happens, you hear of the patient having started at the moment of using the lancet; if you make the rest with the fingers sufficiently firm, the patient may start as much as he pleases, and your hand moves with his arm as steadily as if it were a part of it, the motion given to the lancet being confined entirely to the finger and thumb between which it is held; in this manner I have, without any fear of accident, succeeded in bleeding children, when, without such precaution, the operation would have been dangerous or impracticable. The orifice is made by entering the point of the lancet on the side of the vein nearest the hand of the operator, and carrying it forward in an oblique direction till the opening of the vein is sufficiently large, then raising the point of the lancet so as to cut its way out. The pressure below the orifice must of course be re-

moved as soon as the orifice is completed and the vessel presented so as to receive the blood. I have seen the wound of the skin made many times more extensive than the diameter of the vein; this is not necessary, and providing the opening be not valvular, the incision through the skin need be very little larger than that of the vein; large orifices are particularly apt to fester.

A sufficient quantity of blood having been allowed to flow, the vein is compressed below the orifice, the bandage removed, and the arm freed from any stains of blood; after which the lips of the orifice should be accurately closed, and supported in contact by a well-adapted compress. If here be any difficulty in preventing the flow fo blood, I prefer graduated compresses, by means of which the orifice, sides, and portion of the vein immediately below it, may be compressed without any tightness of bandage, which may be capable of injuring the limb by obstructing the circulation in the vessels, which ought not to be interfered with. I prefer a bandage made of calico, about an inch and a half wide, and from one to two yards in length, either to tape or silk ribbon, being more elastic and less apt to slip. When the bandage is applied, the fore-arm should be in a state of semiflexion upon the arm; for if straight, the bandage will become too slack when the arm is bent; and if bent, when applied, the bandage will be too tight when the arm is extended. Rest of the arm should be enjoined during, at least, the first twenty-four hours succeeding the operation.

At our next meeting, in considering the occasional ill consequences arising from venesection, you will be enabled to judge how many of these accidents may be prevented by a more careful attention to nicety and accuracy in details, which many consider too trifling to be worthy of their notice.

FOREIGN DEPARTMENT.

ANALYSIS OF FOREIGN MEDICAL JOURNALS.

Medical Galvanism.

The following cases are given by M. Bailly, physician to the Hôpital de la Pitié, and M. Meyranx, in an article on a new mode of applying galvanism to the cure of painful affections of the joints and nerves, in the last number of the *Archives Générales.*

Rheumatic affection of the Thigh cured by Galvanism.

A man of an advanced age, who had been much addicted to venereal excesses, had suffered several rheumatic attacks. About six months ago, having exposed himself to damp weather, he was seized with a rheumatic affection through the whole course of the right thigh. At first the pain was rather of a dull, heavy nature, but after continuing several months it became more acute, and increased until he was scarcely able to move the hip joint. A needle was planted in the middle of this joint, another was placed in the inferior surface, and a galvanic communication established by two conducting threads. The sensation and contraction produced through the whole extent of the affected part demonstrated the passage of the galvanic fluid. The phenomena are more marked at the place where the positive unites with the negative fluid. This operation, repeated four times in the same way, succeeded in easing the pain, and restoring complete energy to the joint.

Rheumatic affection of the Arm, with incapacity of moving it, cured by Galvanism.

R. H., aged 55 years, had been for many years subject to rheumatic affections. In 1819 he was seized with severe pains throughout the muscular system, and swellings of the joints, which were mitigated by the use of baths, leeches, and poultices. The next year, the pain in the whole course of the deltoid muscle and the fore-arm became so severe, that the patient was unable to move the joint. The pain subsequently became less intense, but the incapacity of moving the arm, together with some degree of swelling continued, and resisted the employment of baths, blisters, frictions, and simple acupuncturation, which last remedy was tried five times. When we saw the patient, the muscles were much diminished in size, but the sensibility of the part appeared to be increased, for when the skin was pinched, the patient suffered acute pain, without, however, being able to move the arm. Two needles were inserted at the origin and terminations of the brachial plexus, and the galvanic communication established. The action of the galvanic pile consisted of four elements. The areola was formed, the needles were in an instant oxidated; a small

black point was observed in the centre of the areola; some small drops of water escaped. The conducting liquid was water, acidulated with a sixteenth part of nitric acid. When the communication was established, the patient felt a pricking sensation; there was not much contraction, but there was a sense of tension in all the nervous ramifications. On continuing the current, the patient complained of insupportable pain, which he compared to what is felt when fire is applied to a part. We continued the operation for the space of 25 minutes. Three days after, the patient was sensible of returning power in the arm, and by repeating the operation, he was in twenty-five days completely cured.

It is a remarkable circumstance in this case, that during the short time the patient was submitted to the action of the galvanic fluid, the cellular tissue was observed to be augmented in volume, and the muscles which covered it to become developed. This completely overthrows one of the opinions of Bichat, who has said in his general anatomy, that alterations of the nutritive system are entirely independent of the nervous system. Indeed it seems highly probable from this and other similar cases, that we shall in many instances be able to arrest the progress of atrophy, by the action of the galvanic fluid on the muscular and nervous systems.

Neuralgia cured by Galvanism.

A patient, aged 34, had suffered, for the last six months, a severe pain in the branches which the frontal nerve distributes to the soft parts of the cranium, and in the direction of the trunk towards the bottom of the orbit. The pain varied in intensity at different times, but never entirely intermitted, and had hitherto baffled all the treatment which had been employed, such as local bleeding, frictions, and opiates. The circulating, digestive, and respiratory systems, in this patient, were in their natural state. When we first saw him, the violence of the pain had extended to the facial and sub-orbital nerves, and seemed to produce the same effect in all their ramifications as in those of the frontal.

A needle was introduced in the direction of the cartilaginous pulley of the great oblique muscle, within which passes the internal branch of the frontal, and another was placed on the middle of the corrugator supercilii. The communication with the galvanic pile was established, when the patient felt severe pain in the bottom of the orbit, and experienced various optical illusions, such as the flashing of light before the eyes. The orbicularis palpebrarum, corrugator supercilii and frontal, were contracted every time we endeavoured to establish the communication with the rectangles, which were only separated from each other by four elements. We attempted to increase the interval by two additional pairs, but the contraction and irritability became so violent, that we were obliged to desist. The patient was only galvanised for the space of 20 minutes, and did not experience much relief on the following day. Three days after, the first needle was placed in the direction of the levator palpebræ superioris, where the branch of the orbito-frontal nerve commences, and the second was carried towards all the parts where the nerve seems to terminate; the communication with the pile was established as before. The pain abated after this second operation, and after ten operations the patient was completely cured.

Chorea cured by Galvanism.

A girl, after difficult dentition, was affected with convulsions of the muscles of the right cheek, which soon extended to the shoulder of the same side. The disorder had resisted all the treatment which had been employed, and at the age of seven years the symptoms had become more violent. When she was brought to La Pitié, she was in a debilitated state; the muscles on the right side were much wasted; the alternate contraction and relaxation of the muscles in the face produced constant convulsions and distortions. Galvanism was first applied to this patient by simple communication, without the introduction of needles, but she derived no benefit from it; a needle was then introduced near the first and second cervical vertebræ, and another was placed near the division of the brachial plexus. Three elements developed enough of the galvanic fluid to produce decided contractions and a painful sensation. The girl felt so much relieved by the operation, that the next day she asked to be galvanised again; but as we happened to touch, by mistake, with the thread which served as a conductor to the negative fluid, an element at a great distance from the first element, she felt so great a shock, and such severe pain, that the needles were torn out from their situation, and we had considerable difficulty in persuading her to place herself again in the galvanic circle. The operation was prolonged for half an hour, and six sittings sufficed to cure, completely, a disorder which had for

years resisted the most powerful remedies that could be employed.

Messrs. Bailly and Meyranx state, that galvanism, combined with acupuncturation, had been employed with the most decided success in a great number of cases, the details of which they intend shortly to lay before the public. The pain produced by the operation is inconsiderable, and the galvanic fluid possesses the singular property of never inflaming the part which it penetrates. What then, they exclaim, is the nature of this fluid which burns and melts metals, which puts charcoal in a state of incandescence, and which traverses the living tissues of the body, in which it increases sensibility and contractility in so marked a manner, without leaving a trace of disturbance behind it? The phenomena are altogether inexplicable.

REVIEW.

Remarks on Irritative Fever, commonly called the Plymouth Dock-yard Disease. By JOHN BUTTER, M.D. F.R.S., &c.&c. Devonport, 1825, 8vo. pp. 302. Underwoods, London.

THE disease which Dr. Butter has undertaken to describe, prevailed in the dock-yard during the autumnal and winter quarters of the year 1824. The opening of the work is composed of the detail of fifteen aggravated cases, which occurred between the 1st of August and the 19th of September, twelve of which terminated fatally. Besides the persons thus affected with the malignant form of the disease, about two hundred and fifty were rendered incapable of performing their duty from various injuries received between the 24th of June and the 31st of December. "The number of wounds," says Dr. Butter, "was not greater than usual during that period, but the fatal results, from such apparently trifling causes, were unprecedented." The wounds were simply punctures, contusions, abrasions, or lacerations. The disease which succeeded appeared under five distinct modifications.

1. Fever with inflammation of the absorbent system.
2. Fever with cellular inflammation and suppuration.
3. Fever with erysipelas and vesications or gangrene.
4. Fever with erythematous patches.
5. Fever with intense local pain, void of redness.

Which will be best understood by a reference to some of the cases.

The first is that of William Cowle, ætat. 45, who received a wound in the sole of his foot, from a small nail which pierced his shoe. The wound was poulticed and proceeded favourably till the seventh day, when a considerable degree of fever and inflammation, extending up the leg, supervened. The patient had previously been purged, and was now blooded to syncope, cataplasms were applied to the foot, and evaporating lotions to the limb. A cathartic mixture was ordered to be continued.

8th. Blood buffed. Bleeding repeated to 10 ounces.

9th. Fainted frequently during the night; pulse quick and feeble; the whole limb much enlarged and erysipelatous; cataplasms, topical applications, and cathartic mixture to be continued. Boluses of calomel, antimony, and opium.

10th and 11th. Same treatment.

12th. Erysipelas extending up the thigh; great prostration of strength; pulse quick and feeble; lotions omitted; cataplasms substituted over the whole limb; fomentations ordered; bowels kept solvent by infusion of senna, Epsom salts, and tartarized antimony.

13th. The whole limb much enlarged; medicines as yesterday.

14th. Erysipelatous tension and tenderness over the abdomen; breathing oppressed; pulse 130, weak and irregular; *opium* and *camphor* in boluses, and *spt. ammon. aromat.* with *sp. levand. comp. in mint water*.

15th. Moribund; carbonate of ammonia and wine; blisters to the abdomen. Died in the night; body not examined.

The next case was one of erratic erysipelas.

"CASE 2.—John Henwood, æt. 50, house-carpenter, working as a sawyer, and residing at Millbrook, dark complexion, robust, and healthy.

On the 4th of August, 1824, received a slightly lacerated wound on his right hand by a saw. Cataplasms applied. Cathartic pills and cathartic mixture*, taken immediately.

5th. Easy.

6th. Reported unable to attend the surgery, and, on being visited, was found labouring under considerable fever. Pulse about 120, strong and incompressible; severe head-ache and thirst. The whole hand much inflamed; blooded to 34

* Colocynth pills, with calomel and infusion of senna, with sulphate of magnesia.

ounces; cathartic pills given, and compound powder of jalap.—*Ph. Ed.*

7th, 8th, and 9th. Fever abated, cataplasms continued, and fomentations ordered.

10th. Continues better, but the whole arm is much swollen and erysipelatous; an obscure fluctuation was perceived on the back of the hand, from which, on being opened, pus could be pressed out as from a sponge. Calomel, opium, and antimonial powder given with confection in boluses.

11th. The tumefaction of the hand much reduced; anodyne bolus continued, and fomentations of poppy-heads and chamomile flowers.

12th. The wound on the hand discharging freely pus and membranous sloughs; the arm very painful; pulse rapid, but soft; tongue clean and moist; cataplasms, fomentations, and boluses continued.

13th. Made an opening on the forearm, which discharged a quantity of pus and sloughy matter.

14th. Medicines continued.

15th. Made another opening on the back and inferior part of the humerus, which discharged about eight ounces of pus.

16th. The pain and tumefaction of the arm much reduced; the discharge very free, with quantities of sloughy matter; bark given, with diluted sulphuric acid.

17th. Fever much abated; supported the arm with a bandage, leaving the apertures clear, to which poultices were continued; wine given; bark, &c. repeated.

18th. Better; matter could be pressed along the humerus, from behind the scapula. The axillary glands not affected. Cathartic mixture taken occasionally.

19th and 20th. Improving.

26th. The hand and fore-arm nearly sound, and the discharge from the humerus much lessened; complains of pain in his left leg and thigh, which are œdematous, but not discoloured.

September 1st. The left thigh very painful; body much emaciated; fever increased; bark omitted; anodyne bolus given at night, and cathartic mixture occasionally; fomentations and soap liniment ordered.

3d. Symptoms as above; pulse about 130, and weak; tongue moist; no appetite; fomentations continued.

7th to 10th. Fluctuation of matter became gradually perceptible in different parts of the left thigh, to which cataplasms were applied. His strength was much exhausted.

12th. The propriety of opening the limb doubted, from his excessive debility.

15th. By Dr. Bell's consent, an incision was made a little above the patella, and another on the posterior part of the thigh, from which was discharged an immense quantity of well-formed pus; he bore the operation well; wine and opium continued.

16th. Discharge very profuse; the tension and pain of the limb much relieved.

18th. Feels more comfortable, but evidently loses ground. Medicines, &c. repeated.

20th. A slough formed on the lower part of the sacrum, and excoriations in several places over the spine; cataplasms of yeast were applied.

25th. A large slough separating from the back part of the thigh; bark, wine, and opium continued.

October 2d. Debility so great, that it is with much difficulty he can be moved to apply the dressing; gangrene commencing on the right heel. He lingered until the 11th, when he sank, one of the most miserable objects ever beheld. Body not examined."

Case 3. John Bate, ætat. 45, shipwright; this patient had the point of his fore-finger jammed off by a plank, and immediately amputated at the last joint. On the fourth day he complained of pain in the hand, and of head-ache; pulse about 96, and full. Twenty-four ounces of blood were taken from the arm; dressings removed, and poultices substituted.

5th day. The stump felt easy, but looked inactive; pulse 110, and weak; tongue white and moist; calomel and opium given at bed time, and cathartic mixture (with what intention we are not informed) in the morning.

6th day. Great prostration of strength, anxiety and nausea; blister to the epigastrium; cathartic mixture repeated.

5 o'clock p. m. (same day,) symptoms much aggravated; pulse scarcely perceptible; breathing oppressed; abdomen tense and painful to the touch; singultus; castor oil and tincture of senna given immediately, and repeated after two hours; fomentations to the abdomen, and enemata ordered.

Nine o'clock p. m. Profuse perspiration; breathing excessively oppressed. Died at nine o'clock, a. m.

"*Dissection.*—Body examined 9 hours after death. The thorax contained about 16 ounces of serum; the right lobe of the lungs tinged with blood, and bound with strong adhesions to the pleura costalis;

the left lobe black, disorganized, e ily torn, and apparently gangrenous; the pericardium rather vascular, containing about two ounces of fluid; the heart sound.

The intestines were in general excessively distended with gas, particularly the colon and cæcum; no fæces; the whole highly inflamed, particularly the lower portion of the ileum and cæcum, which, in some places, approached to gangrene. On removing the intestines, a tumour was perceived on the right side, which contained nearly a pint of pus, and was found to surround the right kidney, that viscus being apparently healthy; the left kidney also sound. The liver was much enlarged, very soft, turgid, easily lacerated, and with difficulty separated from the side. The gall-bladder distended with bile. The spleen and pancreas healthy; the stomach also healthy, except a red spot, about an inch in diameter, on the posterior or vertebral side, near the pyloric orifice."

We shall next proceed to the case of Dr. James Bell, the Surgeon to the Dock-yard since it comes home to the "family and bosoms" of our readers, and cannot fail to be interesting.

Æt. 58, rather stout, sometimes dyspeptic, but generally healthy. On Sunday the 19th Sept. 1824, attended the examination of a patient who had died of erysipelas, and scratched his right fore finger over the extensor tendon on the last phalanx, whilst directing a pupil how to sew up the body with a surgeon's needle, which had been previously used for the same purpose. At this time the doctor appeared in his usual state of health, and took no particular notice of the puncture, or scratch on his finger. It may be necessary, however, to premise, that he had lately undergone much bodily fatigue, had been much perplexed by the unprecedented number of men who had died under his care, and that in crossing the water to Torpoint on the preceding day, he got thoroughly wetted with rain.

"On the following morning, Sept. 20th, Dr. Bell attended the surgery at the accustomed hour of nine o'clock, and complained of feeling unwell. When washing his hands he first felt a smarting in the scrach over his right fore finger; whereupon he became shivered, and impressed with an idea that he had caught the disease then prevailing among the mechanics of the dock-yard, which disease had previously agitated his mind, and now made him very apprehensive for his safety. He remained, however, at the office about an hour and a half, and by that time the rigors and general indisposition had increased in such a degree as to produce considerable alarm. Pulse 96, and full; bowels opened by an aperient taken on the preceding evening; the wound on the finger was not inflamed. He was recommended to lose blood from the arm and to take an emetic, to both of which propositions he had a great aversion, and made insuperable objections. He went to bed, however, before twelve o'clock at noon, and endeavoured to make himself sick by irritating the fauces with his fingers, and by drinking warm water. In the course of the day his fever had increased, and a re-action, or flushing, followed the rigors. Dr. Dickson, Physician to the Royal Naval Hospital at Stonehouse, and Dr. Yonge of Plymouth, were consulted. He now consented to lose about sixteen ounces of blood from the left arm, by a small orifice, and to take the subjoined bolus:—

℞. *Hydr. submur.* gr. v.
Pulv. ant. gr. iv.
Confect. q. s.—M.

which was to be followed by some of the cathartic mixture in the morning.

21st. Passed a restless night, with an increase of fever. Pulse 130, and full; stomach very irritable; nausea great; tongue coated; bowels open; complains of pain and tenderness over his right pectoral muscle and shoulder, on which he cannot bear the least pressure; but the wound on the right fore finger is not at all inflamed.

Rep. V. S. ad ℥xxx.

Ordered effervescing draughts, with saline medicines, every second hour.

Eight o'clock, p. m. No relief from the second bleeding. The blood was neither buffed nor cupped, the coagulum was rather firm. Speaks of a distressing pain about his sacrum and loins, with general lassitude and great weight, and evinces considerable anxiety. There still exists much soreness over the right pectoral muscle, and there is a great prostration of his muscular energies, but withal there is no head-ache. Pulse 130, and small.

Rept. bolus, et cont. haust. effervesc. cum. Potassæ nitratis, gr. v. *3tiis horis.*
Illinatur linimt. saponis in partes affectas.

22. Symptoms all aggravated. Passed a sleepless and distressing night, owing to the excruciating pain in his back, but felt relief towards morning from profuse perspirations. Still feels pain in his right shoulder, with inability to move the arm, complains of indistinct vision, and mistakes the distance when he attempts to

take any thing. Nausea continues; pulse 130, and irregular.

Appr. empl. lyttæ epigastrio.
Medicament. contr.

23d. Slept a little during the night; nausea alleviated, but not gone; backache mitigated; pulse very irregular, and frequent; articulation difficult; thoughts confused; no pain in any part but the pectoral muscle, when pressed upon; there is no redness nor visible sign of inflammation on the skin; the scratched part of the finger is neither inflamed nor swollen. He took camphorated mixture, with the nitrous spirit of æther, every two hours, and wine frequently.

Towards evening his breathing became laborious, and delirium appeared.

Appr. empl. lyttæ suris et imo colli.

24th. Became perfectly insensible during the night; pulse wavering, occasionally indistinct, and imperceptible; breathing laborious; stupor and coma present; the sphincters relaxed, and the discharges passed involuntarily; profuse perspiration towards morning, when the breathing improved. Took four doses of the sulphate of quinine (3i.) without benefit. His deglutition was at last impeded, and a vacant stare occupied his countenance until seven o'clock on this evening, when he sank without a struggle. Body not examined.

P. S. The sulphate of quinine has since been ascertained by Dr. Dickson not to have been genuine."

Dr. Butter next compares Dr. Bell's case with that of Professor Dease, as related by Dr. Colles, in the Dublin Hospital Reports, vol. 3.

"Professor Dease," says he, "scratched his finger in dissection, on a Saturday, about one or two o'clock, p. m.

Dr. Bell wounded his finger on a Sunday, about five or six o'clock, p.m.—the former was attacked, early on Sunday morning, with a violent shivering, and sickness of stomach; and the latter, before noon, on Monday, with violent shivering and sickness of stomach.

Fever appeared in each person, and both were blooded. The blood in neither instance was buffed nor cupped.

Pain in the shoulder was felt by Professor Dease on Sunday, (second day,) and by Dr. Bell early on Tuesday, (third day.) The former had 100 leeches applied to his shoulder, and the latter was blooded a second time from the arm on the third day.

On the 4th day after the accident, the Professor had an uneasiness with a colourless swelling on the posterior side of his thorax, and the Doctor suffered excruciating pain in his back and sacrum.

On this (fourth) day the scratch was first discovered by Dr. Colles on Professor Dease's thumb; but he was so unconscious of '*having received any cut*,' as almost to refuse an examination, and therefore this injury, which no doubt was the origin of his complaints and the cause of his death, could not have affected his mind in the slightest degree.

Whereas, in Dr. Bell, the scratch by some people might be left entirely out of the question, and by others allowed only to have augmented that pre-existing anxiety and apprehension which is supposed to have ultimately terminated his existence.

Now so much as we allow for the one person we must allow for the other; and if Professor Dease's state of mind had no influence whatever over his disorder, why should the whole of Dr. Bell's disorder, which resembled the other in its kind, origin, and course, be referred entirely and exclusively to his mental impressions?

Dr. Bell was aware of the time when he punctured his finger, but expressed no apprehension for his safety until the following morning, when he felt a soreness in washing his hands, accompanied with shivering, and immediately alarmed himself for the result.

Mental influence, therefore, might have operated in increasing the severity of Dr. Bell's symptoms, but could have produced no effect on Professor Dease, whose case must be considered very parallel with the Doctor's.

On the 5th, 6th, and 7th days, there arose a swelling and hard elevations, like vesicles in appearance, with an erysipelatous blush, on the Professor's side; and, on the 8th, (the day of his death,) also a swelling on the affected arm, on which a vesicle had previously formed. These symptoms were, of course, wanting in Dr. Bell, because he died on the 5th day. Indeed the game was lost on the 4th day, (23d,) and he was a dying man on the whole of the 5th day, (24th,) for a space of 17 or 18 hours.

The Professor lived 200 hours, or about eight days and a half, after the accident, and the Doctor only 121 hours, or about five days; so that there was a difference of 80 hours, or thereabouts, in the duration of their complaints.

Had the latter survived to a greater length of time, we might fairly infer that vesicles, or similar elevations, or an erysipelatous patch, which only appeared on the Professor during the last 80 hours of his life, might also have broken out in

the Doctor. If we cannot draw such an inference, we are never warranted in forming any prognostic whatever in the practice of physic.

The same disease, when epidemic, varies in different people. Sydenham has remarked, that when the plague prevailed in London, all patients were not affected alike, for some died on the first invasion. We see this variation occurring every year in the measles, and the other exanthemata, and sometimes even in puerperal fever.

Now these vesicles, or blushes, are only indices of great febrile action, of high nervous excitement, and much constitutional derangement. A disease may be essentially and specifically the same without as with these appearances, which can only be regarded as characters in forming nosological distinctions."

The last case to which we shall advert is that of Wm. Reeves, (which in the absence of bloodletting terminated favourably,) ætat. 44, labourer, a tall and healthy man, temperate and regular in his habits. On the 9th of October he slipped from a piece of English oak timber, and slightly grazed the skin over the tibialis anticus muscle and shin bone of his left leg. The wound was considered too trifling to lay him up from his duty; he therefore continued at his work, but applied daily at the surgery for dressings, until Monday, the 25th of October, when the ulcer was thought to be sound.

"On the 1st of November, (Monday,) he applied at the Surgery with the same ulcer, about the size of a split pea, surrounded by inflammation, having been on the dock-yard watch during the whole of the preceding (Sunday) night, when he felt pricking and painful sensations in his leg, accompanied with symptoms of approaching indisposition. Light dressings and poultices were applied, and some opening medicines given in the evening. During the night he became very hot and feverish, and perspired freely, owing to some warm herb tea, which he had drunk for that purpose.

2d, (Tuesday.) He still returned to his duty; but towards night the leg became so very painful, that he had some difficulty in getting home. Poultices were continued.

3d, (Wednesday.) On this day he was prevented from attending the Surgery, or even from leaving his room, by an erys pelatous redness, which occupied the inner side of his left leg, and created such agonising pain and tenderness, that he had not only been deprived of rest during the preceding night, but of the power almost of standing on it. The absorbent vessels were inflamed along the inner part of the knee and thigh to the groin, where the glands were enlarged, and exquisitely painful to the touch. The ulcer still kept clean and granulating; pulse 90; bowels open; tongue clean and moist, although languor and nausea prevailed. The topical applications were continued, and the purging pills then ordered, with a cathartic powder in the morning.

4th, (Thursday.) Mr. Dryden had the kindness to send to me, saying, that this case looked suspicious, and requesting my attendance. I found Reeves at first so extremely irritable, that our common questions annoyed him; but he at last fully assented to the treatment proposed.

On being asked what those red lines and knobs were on his thigh and groin, he emphatically replied, that "*the anguish of his leg had caused them.*"

A dull and unequal redness, not unlike deeply-stained mahogany, now extended itself aroond the small part of his left leg, from the inner ancle to the calf. The redness was peculiarly mottled, not unlike erythema papulatum, figured in Wilian, without vesications.

The absorbent vessels, emerging from the reddened patch, were traced, by their vivid colour, up the thigh, and their valves were easily discerned by their knotty appearance. The ulcer still looked fresh and healing. Agonising pain prevailed, particularly on the inflamed parts of the limb, and increased by the slightest pressure. The skin was very tense and hot on the affected leg.

He had evidently suffered from considerable fever, as well as from local pain, during the night, and awoke with headache. Pulse 100, and full; bowels freely opened; tongue moist, but a little coated at its base.

An incision was immediately made, by Mr. Dryden, through the inflamed skin and subjacent parts down to the fascia, exceeding five inches in length, between the tibia and tendo achillis, beginning a little above the inner ancle, and carrying it upwards in the direction of the limb. During the operation, Reeves suffered acutely, but more particularly from handling than from cutting the diseased skin.

The divided edges gaped widely, and looked like sliced bacon or brawn. The epidermis, rete mucosum, and cutis vera, were thicker, denser, and redder than natural. The cellular substance was distended and considerably raised above the muscles by a yellowish, gelatinous, and semi-fluid substance, intermixed here and

there with dots of pus, and whitish shreds of slough.

Three processes appeared to be going on at the same time, viz. the adhesive, the suppurative, and the sloughy.

Several vessels bled freely for a time, and ceased spontaneously. The blood was dark-coloured, though arterial in part. Some lint, sopped in the rectified oil of turpentine, was inserted into the wound, which was well covered with a poultice of oatmeal, first boiled in water, and then worked into a proper consistence with yeast.

The operation was performed about noon, and *at four o'clock, p.m.* his leg had become easier. Pulse dropped to 90; bowels freely moved; head-ache gone. He was ordered fomentations to the wound on changing the poultices, which were renewed at every fourth or sixth hour. He then commenced the following mixture:

℞. *Cinchonæ lancifol. contr.* ʒij.
Aquæ cinnam. ℥ xvi.
Spt. ammon. aromatic, ʒ iv.
Fiat mistur. cujus capt. Cyathum parvum omni 2dâ vel 3tiâ horâ.

5th. His general appearance and feelings were much improved, although his night had been rendered somewhat restless by the smarting occasioned in his wound from the rectified oil. Pulse 85, and soft; skin moist; tongue a little coated; bowels open. The wound looked very sloughy, and the edges had receded widely from each other; but the cutaneous redness had become more pallid, although it had spread a little over the calf. The absorbents had lost their colour, but the inguinal glands remained enlarged, and tender to the touch.

Balsam of copaibæ was substituted for turpentine on this day; the fomentations and poultices were continued. He took 10 grains of calomel, and, after two hours, some purging mixture, omitting the bark, which agreed very well with him, for a few hours of course, during the operation of the purgatives."

He subsequently took the bark mixture, with porter and a generous diet, and in about a month was quite recovered.

A variety of causes were said to have produced this disease. Suspicions having fallen indiscriminately on the teak-wood, the mineral tar, the dressings, the air, Perings' roofs, &c., and "do still rest," says Dr. Butter, "in an unfounded degree on the individual or combined agencies of these supposed powers."—p. 132.

Dr. B. disclaims all idea of poisonous wood. "There does not exist the remotest probability that this wood had any share in producing this disease, since the men who died were not brought into contact with it, and moreover had not been in any wise exposed to its agency."—p. 133. Neither had the men who died worked in the preparation of the mineral tar. Those who superintended this process had every appearance of health, and never knew any pernicious effects to arise from it. They considered the vapour as a sort of panacea for some pulmonary complaints, particularly asthma.

Dressings.—Insinuations were also cast on the dressings, and particularly on the sticking plaster used in the dock-yard. "I hope to show," says Dr. B., "that these are equally false with the other suppositions. The same sort of plaster which was applied to the men who died has been also employed for hundreds of other patients, who had hurted themselves, and had perfectly recovered."—p. 136. The disease appeared in two men who had not been dressed with this plaster. We have known the emp. resinæ give rise to erysipelas in some few delicate and susceptible habits.

Air.—The state of the atmosphere did not differ materially from that of preceding years. The mean range of the barometer during the months of July, August, September, and October, was 29.785, and of the thermometer 64.29. There were 57 rainy days during these months, and the mean depth of rain in each month was 2.728 inches. Erysipelas prevailed in the neighbourhood in the course of the preceding year. It does not, however, appear that the atmosphere was in fault, or that the disease was infectious.

Pering's Roofs.—These roofs, or awnings, "serve equally for the protection of ships whilst building, and for the artificers employed, inasmuch as both are excluded from the fervour of the sun, from rain, and from other vicissitudes of the seasons. They tend at once to the preservation of the materials, the dispatch of business, and the convenience and health of the artificers."—p. 143.

Having adverted to, and disposed of, some of the suppositious circumstances erroneously said to have caused this disease, Dr. B. proceeds in the next place to the consideration of some other powers, which may be deemed more consonant to the notions of medical men.

"In the first place," says he, "we are expected to explain the reasons why such an unusual fatality should have followed simple wounds, between the 1st of August and the 1st of November, 1824, and why the same disease was not recognized in

the town of Devonport during that period.

This question resolves itself into the two following considerations:

1st, Either that some morbific and unsuspected substance was applied to the bodies of the deceased men, the effects of which substance have not been marked at any former or subsequent period, in such an accumulated degree;

2d, Or that their constitutions must have been unusually susceptible of irritation at this particular crisis."

On the former of these considerations, we need not dwell, for, to suppose that the weapons with which the injuries were inflicted were armed with a morbific matter, is a manifest absurdity; in which light it is viewed by Dr. Butter. Dr. B. next favours us with a table of irritants, arranged under three orders, which, from want of space, we must pass over.

We next come to the second question, *susceptibility*. What is *susceptibility?*

"In medical language," says Dr. Butter, "we sometimes speak of a pre-disposition, which implies an hereditary taint, differing from the disposition, which is placed between susceptibility and action. We have examples in scrofula, which may be brought into action by vaccination in a habit pre-disposed to it; but scrofula cannot be conveyed by inoculation.

We also speak of causes, predisposing and remote; but we imply nothing more or less than a tendency in the human body to throw out a disease at one time from local excitations, which do not influence it at another.

'A cause,' in the correct definition of Dr. Brown, 'may be said to be that which immediately precedes any change, and which, existing at any time in similar circumstances, has been always, and will be always, immediately followed by a similar change.'

We regard a cause, therefore, as the antecedent to any change, and the effect as a consequent. The relation or disposition we place between the power, or cause, and the susceptibility, which properly refers to the effect.

We say of a local injury, that it has the power of exciting fever in the constitution; and of the constitution, that it is susceptible of fever from a local injury; but we merely imply the necessity of the two conditions, viz. that of local excitement and susceptibility, 'existing in similar circumstances,' to account for the phenomena.

In the production of this disease, we only required a habit susceptible of action, and an agent capable of kindling irritation. One circumstance has been proved, that fever may arise from local injuries more frequently than is expected, and that the real cause may not be discovered before death.

There are numerous examples to illustrate this susceptibility. Some children, in whom it is deficient, must be vaccinated several times ere they receive infection. Others may exhibit local signs of infection, and yet betray no constitutional symptoms; but we ought neither to be satisfied that the virus has taken a proper effect, unless the constitution evinces some signs of its action, nor that the liability to small pox be securely exterminated, of which nearly all children are considered susceptible, though some persons may never have this disease.

We have abundant reason to suppose that the influence of the cow pox is an effectual preventive against the contagion of small pox; but we want further proof of its permanency. We know that the innate susceptibility may be destroyed for a time, but we cannot say for how long, as the small pox has been known to appear in people who had passed vaccination. It is to be hoped, however, that the cow pox may be able permanently to eradicate this inborn susceptibility in the human constitution generally, and that the few instances of small pox occurring after vaccination, may be regarded as scattered exceptions to the general rule; but the question respecting its infallibility does not invalidate the practice of vaccination, which, in my opinion, is deserving of trial, if it succeed but once in twenty times in preventing or exterminating the liability to that loathsome disease—the small pox."

Although it is obvious that in these contusions and abrasions no morbific matter could have been absorbed, it is not so certain that wounds inflicted on the fingers, during the processes of dissection, do not sometimes prove fatal from the absorption of matter of a specific kind, for, in many cases, the simple local excitement, acting on a depraved constitution, is wholly insufficient to account for the phenomena which present themselves, and sometimes no such depraved habit of body exists, and not much irritation in the wounded part has ensued. Dr. Colles thinks that an amber-coloured serum is sometimes the cause of fever arising from wounds contracted in the dissecting room, which fluid acts differently in proportion to the temperament or habit of body of the individual wounded. He says, "*I have found most of the instances of inflammation and fever*

following wounds received in dissection, amongst those pupils who have arrived at the third season of their anatomical pursuits," and he further thinks, that "*putrefaction gives protection to the anatomist.*" * These occurrences, as Dr. B. remarks, are proofs of susceptibility, as well as of poison.

Being desirous of ascertaining the prevailing opinion with some of the most experienced anatomists in this country, on the subject of these accidents, Dr. Butter proposed a series of questions to Sir Astley Cooper and Mr. Abernethy, whose answers are annexed.

"Spring Gardens, London,
March, 2d, 1825.

Dear Sir,—In answer to your inquiries, I have to observe—

1st. That I have given Anatomical Demonstrations since 1788, and Anatomical Lectures since 1791.

2d. I have frequently seen irritative fever produced by slight wounds in dissection.

3d. I am of opinion that such irritative fever generally arises independant of absorption of morbific matter, but I have seen two instances of the contrary.

4th. Death has sometimes ensued from these injuries, when the local injury has been apparently very slight.

5th. I have only once severely suffered from a wound in dissection, and then it was the result of an injury upon my thumb, in dissecting a person who had been executed the day before. The symptoms were pain in the injured part, swelling, inflamed absorbents, enlarged absorbent glands in the axilla, irritative fever, a continued sore throat, an inflammation, first in my left, and after a few days, in my right knee. Medical means relieved, but did not cure me, but I recovered by going into the country.

6th. My plan of preventing irritation has been, to put the point of the lancet into the puncture, to make it an incised wound, and to touch the part with argentum nitratum to destroy the vitality of the wounded surface. The *general* treatment of irritation consists in restoring the secretion by giving subm. hyd. cum opio et pulv. antimon. the liquor ammoniæ acetatis cum magnes. sulphat:—The *local*, in applying fomentations and poultices. Gravitation of the blood into the part is to be prevented by attention to posture; rest is required; abstinence from all stimulants is necessary, as they do harm.

7th. Local blood-letting is highly useful. From twenty to thirty leeches should be applied upon the limb if the symptoms are severe.

8th. I have repeatedly known some persons die; but others have had violent symptoms and have recovered, from punctures by needles, forks, broken shells or bones, from scissors, penknives, and skewers.—I am, your's truly,

ASTLEY COOPER.

Dr. Butter, Plymouth."

To Mr. Abernethy's letter is prefixed a sort of eulogy of that individual, of his "scientific lectures," the erudition, truth, and integrity, which characterize all the actions of that eminently distinguished surgeon, philosopher, and—*friend!*

His letter is as follows:—

"Bedford-Row, London,
2d April, 1825.

Dear Sir,—I have known numerous cases of mechanical injuries causing very severe disturbance of the system, and even death, in consequence of the morbid pre-dispositions of the party affected.

Even pricks from clean sewing needles have occasioned peculiar inflammation of the absorbing vessels, and consequent violent febrile action and nervous irritation.

I remember a young lady, residing in the house of a medical man, who, some days after having pricked her finger, had irritation commencing in the wounded part, transmitted along the absorbents to the axilla, which was accompanied with great acceleration of the pulse, alienation of mind, and convulsions, so that her life was despaired of. The pulp of bread poultice was applied to the inflamed parts, the bowels were cleared and kept gently lax. Alterative doses of calomel and blue pill, effervescing saline draughts, and infus. menth. sulphuric. were the only medicines employed.

The inflammation and general disturbance subsided, and in a week the patient seemed to be well; but three days afterwards the bowels became disordered, inflammation in the absorbento recurred, and the constitution was again disturbed in the same manner, though in less degree. This second attack was soon tranquillised by the same measures which had been adopted on the former occasion.

I have no doubt that *general irritability* is the predisponent cause of inflammation in the absorbent vessels, and that it gives a character to the inflammation which takes place.

That the inflammation induced is of a peculiar character, and excites a correspondent disturbance of the system in

* Dublin Hospital Reports, Vol. III. p. 219—221.

general, may be inferred from our often meeting with cases of inflammation of the absorbing vessels and their glands, in which the general health is not affected in the same manner as in these peculiar cases.

That the inflammation induced in these cases of the kind which I term irritative and capable of exciting the same disease in contiguous parts is observable in various instances.

I knew a gentleman who, having grazed his heel, irritated the tender surface by travelling all night in his boots, and produced inflammation and sloughing of the injured part, with inflammation of the absorbents on the back of the leg as high as the ham, and on the groin, causing also swelling and tenderness of the inguinal glands. Large patches of mortification took place on the inflamed skin on the back of the leg, and on the inner part of it, extending even above the knee, and the patient died.

This young man was disordered in his stomach and bowels before he undertook the journey, and afterwards, when the inflammation occurred, had violent fever, restlessness, wandering, delirium, and subsultus of the muscles.

I have also known several cases of slight mechanical injuries, such as I am convinced would not have produced the same effects in other persons, occasioning suppuration, ulceration, sloughing, and abscesses, in contiguous parts, attended with great disturbance of the functions of the sanguiferous and nervous systems, and of the chylopoietic viscera.

With respect to the wounds made in dissection, we are warranted to suppose that the matter applied is stimulating, because it often produces fretful sores, and because we know that the absorption of animal matter, in a state of putrefaction, produces a most pestilential fever. Yet very rarely do we find that the matter applied acts as a morbific poison, contaminating the system, and inducing remote morbid affections, as it does in cases of transplantation of teeth, sucking of children, &c.

Therefore I am led to conclude, that the effects of these wounds also very much depend upon the morbid pre-dispositions of the party affected.

I do not think there is reason to believe, in general, that the animal matter, which may be on the instrument inflicting the wound, acts as a morbific poison.

Though I have had inflammation of the absorbents, shivering, and fever, perhaps a hundred times, I never had peculiar disease locally or generally but once. Yet I think there is reason to believe, that putrid matter produces a more than ordinary degree of fever in such cases. I have seen numbers of instances in which the local irritation, occasioned by the wound, affected the sinewy parts of the finger; and numbers where these were unaffected, and the disease seemed only to extend through the medium of the nerves and absorbents. When much nervous irritation and febrile affection is induced, it increases all the morbid propensities of the system, and rouses into a state of activity dormant local affections, which, re-acting upon the health in general, aggravate the malady.

Thus I have known persons die after such illness, apparently from affections of the bowels, brain, and lungs.

With respect to blood-letting, I may add that I do not think we are warranted to bleed in cases of irritative inflammation and fever, because these maladies are indicative of weakness, and likely to induce, as a consequence, a greatly augmented debility.

I have thus, my dear sir, put together what, I believe, I told you before, and what I have been accustomed to say on these subjects in my lectures.

I have endeavoured to be brief, and perhaps it may be thought '*brevis esse labore obscurus fio.*' I am, dear Sir,

Your's, very sincerely,

JOHN ABERNETHY.

Dr. Butter."

Dr. Butter has very fully considered the various irritants which occasionally rouse into action the morbid propensities of the constitution. These may be external, as contusions, abrasions, punctures, &c.; or mental, as anger, fright, disappointment, want of rest, &c. &c., into which our space will not allow us to follow him. We may, however, remark, that this part of the work, which treats of "Causes," deserves a very attentive perusal.

We must pass over the symptoms and diagnosis (allowing the reader to form his own opinion from the cases we have cited) and proceed at once to the treatment; here we shall take the thing upon more general grounds, for we do not think the treatment in the Plymouth Dock-yard was, in every instance, judicious.

The treatment is either local or general. Under the first head we shall be brief, reserving what we have to say until we come to the second, or general treatment, upon which the safety of the patient in this species of fever mainly depends.

Cold Lotions.—These are very properly

discarded by our author; where there is much irritation, they should never be employed. Fomentations and poultices (Mr. Abernethy says the greasy poultice is superior to all others*) should be substituted. One of the dock-yard patients attributed the commencement of his attack to the use of a cold lotion.

Ointments and Bandages can scarcely be required, whilst much constitutional disturbance exists.

On *Turpentine* Dr. Butter has the following observations:—

"The rectified oil of turpentine, which is distilled from the common concrete juice of the pinus larix, was much used in ancient surgery for washing recent wounds, either punctured or incised, but since the doctrine of adhesion by the first intention, as it is called, has been brought into use, and one of the greatest improvements it is certainly in modern surgery, the use of the oil of turpentine has been altogether laid aside. I believe, however, that it might be still applied with greater advantage than sticking plaster to some recent punctures; and indeed it has been lately recommended as a prophylactic measure for guarding against the ill consequences of dissection wounds, by Dr. Colles, who proposes that a bottle of it should be kept in the dissecting-room."

Turpentine was employed in Reeve's case after incision, to expedite the separation of the dead parts. Dr. Butter mentions the bals. copaibæ as an useful application to sloughy or indolent sores, but has omitted to notice the bals. peruv. which is far superior.

Incisions.—This practice, described by Celsus in the following words, "*Quidquid aridum est, et intentione quadam proximum quoque locum male habet usque sanum corpus concidere,*"† was introduced into the Naval Hospital at Deal, and employed with considerable success by Dr. C. Hutchison.

"The practice may be advisable," says Dr. Butter, "in that state of skin called '*brawny*,' and seen in carbuncle, boil, and in the modification of erysipelas denominated phlegmonodes, of which we have given a good example in Reeves.

I need not recapitulate the circumstances calling for incision, as every practitioner must see its object, where he wishes to relieve tension, and to evacuate offending materials. It is delightful to think how much good surgery can effect in such a case; for by laying open the thickened integuments freely and properly at first, and exposing the nidus of all the misery, we may prevent that engorgement of the cellular substance, which has been compared to a '*quagmire*' by Mr. Pearson, and called '*boggy*' by John Bell, Dr. Duncan, and Mr. Lizars. We outwardly invite materials, which, pent up, produce a deadly operation on the patient. Nature cannot relieve herself in such a case; in her operations generally she exhibits design and contrivance for relief, but in this disease she seems absolutely to consolidate and strengthen the barriers which encompass disease; and unless this overstretched skin be divided, the disease will spread up the limb, and overwhelm the senses with its rapid and destructive march."

Scarifications or slight incisions are re-recommended for dilating those small wounds and punctures, inflicted either with the teeth of animals, or with the instruments used in dissection. Sir Astley Cooper's practice is, "to put the point of a lancet into the puncture, to make it an incised wound, and to touch the part with argentum nitratum, to destroy the vitality of the wounded surface."* In some cases, if such wounds have healed, it would be right to convert the parts into open ulcers, in others, however, such a practice might prove injurious. After all, the local treatment to be adopted must be determined by a careful consideration of the case to which the practitioner may be called.

General or Constitutional Treatment.

Bloodletting.—As a general principle we think bloodletting is wholly inadmissible in most species of erysipelas, and of irritable fever. To attempt to cure a disease, so evidently kept up by debility, by the abstraction of blood, is surely a most monstrous absurdity even in theory, and that it is no less so in practice, our experience has abundantly proved. Not long ago a friend of ours, who pricked his finger in the dissecting-room, was bled, and died on the third day, whilst all the cases in which we have seen an opposite plan of treatment adopted did well. The individual alluded to

* After giving particular directions for making the *greasy* poultice, Mr. A. continues, "Oh! it is beautifully smooth; it is delightfully soft; it is one of the best applications to an irritable part," &c.—*Lancet*, Vol. V. p. 166.

† Lib. V. chap. xxvi.

* For many valuable observations on the treatment of puncture, contused and lacerated wounds, consult a paper by Dr. Sherwen in No. 112 of THE LANCET.

was attended by a physician and surgeon at the West end of this town, who, as authorities, are not less harmless than as practitioners they are destructive. Dr. Butter's remarks on the subject of bloodletting are so much to the point, that we regret our limits prevent us from making so extensive a use of them as we could have wished. We shall, however, endeavour to find room for three or four.

"Our best guide, experience, has proved that bloodletting is no remedy for irritative fever. We should not be justified, therefore, in recommending it in the manner in which it was practised, should a similar series of cases to those already recorded recur at any future period; for *two* out of the *three* patients who recovered, were *not* blooded, and twelve died out of *thirteen* who had lost blood; and although the cases of recovery were not the least alarming of the whole; yet we cannot suppose that their diseases would have terminated thus favourably had a larger quantity of blood been abstracted.

Venesection made no effectual check to the disease, in any one instance, but still afforded delusive hopes with some patients. If the loss of blood be considered as the means of curing an illness, it certainly did not acquire that credit here. Yet I must say that this result was ascertained only by experience—for there existed many symptoms which seemed to call for active depletion. It would be unreasonable to suppose that venesection had not received a fair trial in one out of all the cases, that it was ill suited as to time and quantity in every instance—for certainly it was begun soon enough, and carried to a sufficient extent; and had bloodletting been the opponent of this disease, recovery ought to have superseded death. Only one patient survived out of twelve patients, who were blooded, and there is no evidence to show that his life was saved by venesection; and one of the most violent attacks, which occurred in Lobb, was subdued by the efforts of his own constitution, without bloodletting, excepting the quantity drawn by thirty-six leeches.

When the constitution has been for some time endeavouring to heal an ulcer, and at last rouses itself into a state of excitement therefrom; or when fever quickly springs up after the receipt of an injury, as in Horn, ought we to infer that repeated bloodlettings and continued purging are the means for assisting the efforts of nature to heal it? If so, experience has taught us otherwise. Why do we not bleed in fevers arising from fractures, and other severe local injuries? Febrile excitement is sometimes very high after these accidents. Why is depletion prohibited in them, but because we find it necessary to add to, and not to take from, the resources of nature in such cases?

"Experience has shown," continues Dr. Butter, "that out of twenty patients recorded in this work, (thirteen of whom were artificers of the Dock-yard,) who had been blooded whilst laboring under irritative fever, nineteen died." In three cases recorded by Dr. Colles, venesection was only resorted to in the instance of Professor Dease, who was the only patient that died. Sir Astley Cooper, Mr. Abernethy, Mr. Pott, Dr. Willan, and others, discountenance the practice, and we trust that the candid manner in which Dr. Butter has related these unsuccessful cases will have the effect, at least, of putting every practitioner upon his guard when called to a case either of erysipelas, or, which is somewhat like it, of irritative fever.*

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* Dr. Butter concludes with the following observations:—"After the maturest deliberation which I have given to the subject, I venture, with deference, to offer the following corollaries, hoping that they will be considered as the only explanations which I can advance respecting the origin, causes, nature and treatment of this disease:—

1. That the constitutions of these men had been rendered unusually susceptible of irritation at this time.

2. That diet, air, their occupations, and other circumstances, influencing animal health, had collectively operated in creating this morbid propensity.

3. That the addition of an external injury, to a susceptible habit of body, formed the disease.

4. That any kind of local excitement sufficed.

5. That the local injuries would have proved inadequate to the causation of this disease, in persons not pre-disposed to excitement.

6. That the disease was not confined to the artificers of the Royal Naval Yard at Devonport, as erroneously supposed, but was recognized, in detached instances, amongst other people in the neighbourhood.

7. That the disease was the traumatic erysipelas of some, and the irritative inflammation of other authors.

8. That its leading character was a tendency to spread, to form sloughs, or unhealthy fluids, and to leap from part to part.

The internal remedies most commonly employed, are mercurials and salines, antimonials, opium, and bark (sulphate of quinine); and the diffusible stimuli, which, though requisite in most cases, must neither be given incautiously, nor too soon.

We augur that Dr. Butter's will become a standard work on irritative fever, and can with great confidence recommend it to the notice of the profession. In another edition, we would advise the author to place the cases as an appendix at the end of the volume, which will enable him to improve the arrangement.

Dr. Gordon Smith *and* The Lancet.

Our limits prevented us last week from noticing the letter addressed to us by Dr. Gordon Smith, in which there is one passage that ought not to pass without observation. The main object of Dr. Gordon Smith's letter was to disclaim the authorship of an article which appeared in Dr. Copland's Medical Mausoleum, and as we could readily enter into the feeling of anxiety which Dr. G. Smith manifested to relieve himself from such an imputation, we lost no time in inserting the letter, though we had no space for comment, which ought to have accompanied it. The passage to which we allude, is that in which Dr. Gordon Smith, after stating that he highly disapproved of the paper in the Mausoleum, adds, that "as it was written by a gentleman *enjoying the patronage of* The Lancet, it might not be agreeable should he, in his own defence, be compelled to name him."

We know not to whom Dr. Gordon Smith is desirous of transferring the stigma, which we congratulate him upon having repudiated from himself, but we can assure him, that whoever Dr. Copland's contributor may be, he does not *enjoy our patronage*, for a reason which Dr. Gordon Smith, who is skilled in forensic as well as medical lore, will hold to be conclusive. *Nemo dat quod non habet*, is a maxim which has been applied to the importers of a cutaneous distemper familiar to the Editor of the Mausoleum, and Dr. Gordon Smith's logical mind will perceive, that the converse of this proposition is equally true, namely, that nobody can *enjoy* what has never been bestowed. We disclaim all patronage for ourselves, and, in the discharge of our duty as Medical Journalists, we may truly say, what was said on a very different occasion by one of the first authorities in the realm, "we have no predilections."

Patronage is a term which is sometimes loosely, and often absurdly used, but in no sense does it convey to our minds the notion of *enjoyment* which Dr. Gordon Smith seems to connect with it. The application of this term to the support which a journal derives from a large number of readers is absurd; the public buy a journal, not to gratify their vanity or pride, but because it contributes to their benefit or amusement, and the relation between the readers and the writers of journals is altogether different from that which subsists between patrons and dependents. We are persuaded that at this moment The Lancet has a great number of readers who would be glad to see the work suppressed; the truth is that it is the only *living* Medical Journal in this country, and as the information it contains is to be found in no other quarter, its enemies as well as its friends are compelled to purchase it.

As to Dr. Gordon Smith's notion, that we are ourselves the dispensers of the happiness which he supposes patronage to confer, we are not aware of a single instance in which we have taxed the gratitude, or alarmed the modesty of any individual member of the profession, by the excess of our approbation. It was at one time said, indeed, that *Sir Astley Cooper* was the *magnus Apollo* of The Lancet; and it has been sagaciously insinuated that, if the whole work were not written by the proper hand of that gentleman, it was at all events entirely devoted to his interests. It is true that the conduct of Sir A. Cooper has been more frequently the subject of our commendation than that of most of his professional brethren, for the obvious reason, that it is more justly entitled to it; but it is unnecessary to remind the readers of this journal, that our approbation has never been undiscriminating or unqualified, and that when we have thought his conduct deserving of censure, we have commented upon it with as much severity as upon that of the most

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9. That bleeding, and other depletory measures, proved inadequate to the cure of this disease.

10. That two cases of recovery arose probably from the restoration of healthy secretions, and the third from the removal of tension by incision.

11. Experience has shown, that the object should be to invite and keep the disease to the surface by local measures.

12. That the general treatment ought to be calculated to invigorate and strengthen the constitution, with the view of expelling the aggressions of disease towards the interior."

illiberal and unenlightened of his colleagues. We have neither predilections nor animosities to gratify. The men who are most frequently the objects of censure in this journal, are men who have voluntarily and deliberately by their public conduct worked their own disgrace in the eyes of the profession and the public. As far as our own private interests may be supposed concerned, we are indebted to our enemies for the malignity of their intentions. The attempt made eighteen months ago by the three "Hole and Corner" surgeons of St. Thomas's Hospital to suppress this publication, and to gag the medical press, an attempt in which the surgeons of Guy's Hospital refused to co-operate, was not only utterly impotent, has not only tended to accomplish their own degradation, and to increase the circulation of THE LANCET, but it has led, as we predicted,* to the disunion of the two Hospitals, a circumstance which the "Hole and Corner" gentry will ever have ample cause to regret.

MEDICAL SOCIETY OF LONDON.

Nov. 14, 1825.

In accordance with the notice given at the last meeting, Dr. Uwins detailed a case in which the operation of transfusion had been successfully performed by Dr. Blundell.

The patient, Mrs. B. of Fleet-street, was delivered of a fine child on Sunday night, Nov. 6, 1825, at 12 o'clock; the labour was natural, and the placenta was expelled about half an hour after.

At one o'clock on Monday morning, (being half an hour after the expulsion of the placenta,) a most violent hæmorrhage took place; which continued for an hour and a half. The patient lost so much blood, and appeared in such a low state, that Dr. Uwins was sent for. He arrived about three o'clock, at which time the hæmorrhage had ceased, the vagina having been plugged. Her pulse was between 130 and 140, small and thready; countenance quite blanched. Under these circumstances, Dr. Uwins suggested that Dr. Blundell should be sent for, which being agreed to by the gentlemen present, (Mr. Wright and Mr. Owen,) it was done. Dr. B. arrived a little before five o'clock, at which time some slight symptoms of amendment occurred, and in consequence it was decided that the operation should therefore be postponed. After waiting some little time, she appeared to be getting worse, and it being the opinion of every one present that she could not possibly survive without the operation, it was determined that it should be performed.

At seven o'clock, a.m. it was commenced. The pulse of the patient at this time was 140. The hæmorrhage had ceased for four hours, and no medicine nor refreshment had been given her for three hours. Six ounces of blood, drawn from Mr. Wright, were very cautiously injected; and produced an immediate beneficial effect; her countenance became less blanched and pulse more perceptible. At the end of two hours, her powers appearing to flag, it was determined to inject more blood. Accordingly six ounces were taken from Dr. Uwins, and cautiously and slowly injected into the vein. Her countenance was much improved, and appeared less blanched. Pulse fell to 110. A permanent beneficial effect was produced.

Drs. Uwins and Blundell met again in the evening of the same day. The patient was as well as could be expected, no relapse having taken place. Upon pressing the vein of the arm, the patient said, in answer to a question put by Dr. U. that pain was produced. In anticipation of inflammation of the vein, Dr. B. ordered 12 leeches.

Up to Saturday Nov. 12th, no unfavourable symptoms had appeared; there had been no inflammation of the vein, and the patient was quite as well, if not better than on previous similar occasions.

ST. BARTHOLOMEW'S HOSPITAL.

On Friday, se'nnight, there was a numerous meeting of the members of the Medical Society of this Hospital. An ingenious paper was read by Mr. Eden, recommending bleeding in the treatment of compound fractures, which was well received. Several cases of much interest were detailed, and an animated discussion took place on the treatment of injuries of the head, and upon the propriety of puncturing the chest in cases of emphysema, between Messrs. Langstaff, Stanley, Earle, Welbank, and Lloyd.

* We lay no claim to the spirit of prophecy for having seen a little further than the "Hole and Corner" surgeons, but if our readers turn to Vol. III. p. 390 of THE LANCET, they will see that we then declared the two Hospitals to be *virtually* dissolved. The actual dissolution took place within the twelvemonth.

TO THE GRAND COMMITTEE OF ST. THOMAS'S HOSPITAL.

Gentlemen,

To the Memorial which we have had the honour of addressing to you, requesting your assistance in obtaining for us the restitution of the preparations unjustly detained by Mr. Green within your Museum, that gentleman has thought fit to reply; and as the statements made by him are evidently intended to throw doubt on the veracity of some parts of our Memorial, and to involve others in obscurity, we request your attention, while we clear ourselves from those imputations, and divest the truth of that jesuitical garb, in which Mr. Green has found it convenient to clothe his reply.

In our Memorial we confined ourselves to those points only which it was necessary to lay before the Committee; but as Mr. Green has introduced into his reply topics not mentioned in our Memorial, and has not only endeavoured to cast imputations on the correctness of our assertions, but has even dared to question the sincerity of our motives, we no longer feel ourselves obliged to withhold any part of the truth, out of regard to the feelings of that gentleman. Should some of the following answers to his statements prove unpalatable, he must attribute them to our being compelled to reply to coarse insinuations and garbled statements.

We shall proceed to answer his observations, in the order in which they are numbered in his letter.

In reply to his remark on Quotation the 1st, we ask "Is nothing to be attributed to Sir A. Cooper's talents and industry, by which he has raised the largest surgical class in London?"

Quot. 2d.—"The true statement is, that Sir Astley Cooper, and not Mr. Cline, received 1000*l.* from me for the moiety of the Museum."

This assertion is intended to refute the statement contained in our Memorial, that "Sir Astley Cooper admitted Mr. Green to half the anatomical lectures, Mr. Cline receiving from Mr. Green 1000*l.* for the moiety of the Museum."

The following explanation of this transaction shews how far his assertion is consistent with truth.

By the *original* agreement between Mr. Cline and Sir Astley Cooper, it was provided that, at the retirement or death of either, the other should become sole possessor of the Museum, by paying the retiring partner or the executor 1000*l.* In compliance with this agreement, when Mr. Henry Cline died, Sir Astley Cooper might, by paying over to Mr. Cline, senr., 1000*l.*, have become possessed of the whole Museum, and might then have made his own terms with Mr. Green on his becoming a partner. But did Sir Astley Cooper, in reality, ever receive any sum of money from Mr. Green? We reply unequivocally—No. In confirmation of this, we lay before the Committee the following communication from Sir Astley Cooper in answer to some questions put to him by Mr. Green.

Sir,—In answer to your queries, I have to state that I paid originally to Mr. Cline 1000*l.* for a moiety of the Museum; that on the death of Mr. Henry Cline I was entitled, on the payment of 1000*l.* more, to be possessed of the whole; that this 1000*l.* was paid either immediately by you or through my hands to Mr. Cline, sen. (for which I have his receipt and letter,) which enabled me to put you in possession of the other moiety of the Museum. Thus it is clear that for this property I have never retained one shilling.

With respect to the second question I beg to refer you to Mr. B. Cooper, who informed me that he delivered the letter I wrote to you, in which I endeavoured to express my wish that, in the event of my resignation, my share of the Museum should become the property of Mr. B. Cooper and Mr. Key, and to which he informed me that you acceded, and considered proper.—I am, your obedient servant, ASTLEY COOPER.

7th Nov. 1825.

To J. H. Green, Esq.

Into whose hands then did Mr. Green pay the money? We reply into the hands of Mr. Cline, senr.

In answer to a second communication from Mr. Green, Sir A. Cooper made the following reply.

Sir,—I thought that my answer of yesterday was sufficiently explicit; namely, that I had derived no pecuniary advantage from the Museum. To the best of my recollection, I desired you to pay over the 1000*l.* to Mr. Cline, that you might be put in possession of half the Museum; and this in friendship to you, because I conceived he would not take it from your hands; and you must remember my expressing surprise when you told me Mr. Cline did receive that money of you.

With respect to the second query, viz. "Whether you wrote a letter to me saying, that you would not resign the lectureship but upon condition that your share of the Museum became the property of your nephews," I beg to say, that the purport of my letter to you was, that I

would resign the lectures, if Mr. Key and Mr. Bransby Cooper had my share of the Museum. You having acceded through Mr. B. Cooper to my wishes, my resignation was forwarded; but if this object had not been obtained, I would not have resigned.

Were I to write 500 letters, this must be their purport.—Yours, &c.

ASTLEY COOPER.

To J. H. Green, Esq.

On what ground, then, does Mr. Green assert, that Sir Astley Cooper received from him 1000*l.*? To comply with the terms of the agreement, it was necessary that the money should be paid in the name of Sir Astley Cooper, and consequently Sir Astley Cooper on the one hand gave him a receipt for 1000*l.*, and, on the other, Mr. Cline gave Sir Astley a receipt for that identical sum. These receipts imply, that Mr. Green paid to Sir A. Cooper 1000*l.*, and that Sir A. Cooper paid the same sum to Mr. Cline. Now admitting that the money was paid according to the import of the receipts, Sir A. Cooper was only the medium of transferring the money from Mr. Green to Mr. Cline. The same kind feelings which have ever marked Sir A. Cooper's conduct towards Mr. Green influenced him on this occasion. He did not take the money from Mr. Green, but made him the vehicle of its conveyance to Mr. Cline, concluding, if the offer of the 1000*l.* were made, that the uncle would not receive the money from his nephew.

Quot. 3*d.*—He observes, that "according to an article of the agreement between Mr. Henry Cline and himself, Sir Astley Cooper could not form a private collection."

It is Sir Astley Cooper's strict compliance with the terms of this agreement that furnishes Mr. Green with a pretext for depriving us of the fruits of his labours. The collection of preparations which he had made at his own house, in number and intrinsic value, exceeded the whole of the original collection, for the half of which he had paid Mr. Cline 1000*l.* These he incorporated with the original Museum, without receiving any equivalent, and without any offer from his partner to share the expence which so large a collection had cost him. Mr. Henry Cline certainly did make a comparatively few additions to the Museum; but, Mr. Green should have stated, not at his own expence, but at the joint charge of Sir A. Cooper.

It is true that "Sir A. Cooper's preparations had been incorporated with the original collection when he became a partner." This circumstance is the best proof of Sir A. Cooper's liberal conduct towards Mr. Green. At the death of Mr. Henry Cline, Sir Astley Cooper became possessor of the whole Museum, and, had he been so disposed, might have entirely excluded Mr. Cline's family or connexions from any participation in the benefits of the Museum; or had Sir A. Cooper entertained any but scientific views in adding to the collection, he might have required from Mr. Green pecuniary compensation for the increased value of the Museum, in consequence of the additions he had made. But we repeat that he has never required nor received from any part of Mr. Cline's family one shilling.

Quot. 4*th.*—Mr. Green here laments "the deterioration of the preparations;" as if Mr. Cline and his son, who lectured in succession for a period of 45 years, had not also diminished their value. We are, however, not unwilling to sympathize with Mr. Green on the deterioration the preparations have sustained by the use Sir A. Cooper has made of them, consoling him at the same time by the assurance, that we are ready to receive as our moiety those preparations which were made by Sir A. Cooper, and have been by him deteriorated, leaving Mr. Green in quiet enjoyment of that part of the original collection which retains its original value.

Quot. 5*th.*—We admit Mr. Green is here correct, the use of Sir A. Cooper's preparations not being confined to his surgical lectures, but being indiscriminately used by the lecturers on anatomy.

Quot. 6*th.*—It appears that Mr. Green rests his claim to the surgical lectures of Sir A. Cooper on his own merits, and his gratuitous labours for the school. As if he alone, of all the demonstrators, had been unrequited for his services; but we beg to assure the Committee that neither Mr. Key nor Mr. B. Cooper ever received any remuneration for demonstrating or lecturing at St. Thomas's Hospital prior to receiving an appointment from the Committee; the prominent character which it produced, and the opportunity which it afforded of acquiring and communicating information, being deemed sufficient remuneration. Mr. Green has likewise omitted to mention the reason of his being called upon to give so large a share of the anatomical lectures, namely, Mr. Henry Cline's indisposition and consequent absence, during which period Sir A. Cooper allowed Mr. Green to give that part of the course allotted to Mr. Henry Cline; and if Mr. Green, as would appear from his statement, received no

remuneration for this service, the omission rests with Mr. Cline, and not with Sir A. Cooper.

Quot. 7th.—With perfect consistency Mr. Green disavows all sense of obligation to Sir Astley Cooper. His election by the Committee of St. Thomas's, he says, Sir A. Cooper could not oppose, because he was the nephew of Mr. Cline; and Sir A. Cooper's kind act of gratuitously associating him with himself in the anatomical lectures he gratefully attributes to the circumstance of there being no other person who could have been a candidate! Where was Mr. Key?

Quot. 8th.—"It is true, that with the history and explanation of many of the specimens he is at present unacquainted, but he cannot doubt that Sir A. Cooper's sense of justice will induce him to supply the omission."

This appeal to Sir A. Cooper's sense of justice forms a singular contrast to the total want of that feeling which has marked his own conduct. When a sense of honour and justice shall prompt Mr. Green to give up to Sir A. Cooper's representatives the moiety of the Museum, which he had promised, the explanation will no doubt be amply and satisfactorily given.

With regard to *Quot. 9th.*—Mr. Bransby Cooper, by the desire of Mr. Green, went down to Sir A. Cooper in the country, and said, "There will be a Committee at St. Thomas's in a few days, and Mr. Green says, now is your time to resign;" Sir A. C. replied, I have no objection to resign, but must first secure to yourself and Mr. Key my moiety of the Museum. Sir A. Cooper immediately wrote to Mr. Green a proposal to that effect, to which Mr. Green directly assented, saying, "It is very proper." Mr. B. Cooper, at the same time, received another letter from Sir Astley containing his resignation, which he was on no account to deliver unless Mr. Green agreed to Sir Astley Cooper's proposal relative to the Museum. Thus Sir Astley Cooper's resignation was conditional, and Mr. Green has yet to perform his promise of delivering to Sir A.'s nephews their moiety of the Museum.

Quot. 10th.—In allusion to that part of our Memorial, in which we state that Sir A. Cooper had sent to Mr. Green a letter respecting his share of the Museum, Mr. Green observes, "It will scarcely be believed that an assertion like this should be entirely without foundation, nevertheless it is most certain, that I never received any letter, or writing, from Sir A. Cooper, importing that he would not resign but upon condition that his share of the Museum should become the property of his nephews."

This direct denial of a letter from Sir A. Cooper requires that we should establish three points,—

1st, That such a letter was written by Sir A. Cooper. *In proof of this, we have laid before you Sir Astley's own positive testimony;* in addition to which we add the following note:

12, St. Thomas's-street,
Dear Sir, Nov. 8th, 1825.

The letter to which you allude was not delivered to yourself in my presence, nor were any conditions relative to the Museum acceded to by you in my presence.

That I have ever asserted the contrary is perfectly untrue.

A letter from Sir A. Cooper, relative to the Museum, I did see, and was told, by Mr. B. Cooper, that you had acceded to its conditions.

I am, dear sir, your's truly,
JOHN MORGAN.

J. H. Green, Esq.

2dly, That the letter was delivered into Mr. Green's hands; and,

3dly, That its contents were acceded to by Mr. Green, Mr. Bransby Cooper begs, as a man of honour, and as a gentleman, to give the Committee his most unequivocal assurance.

Quot. 11th.—"These observations," Mr. Green continues, "if introduced for any purpose, must be intended to imply, that Mr. B. Cooper has had some reason to doubt my friendship." If Mr. Green intends by this, and the subsequent remarks, to assert that he took every step which he honourably could to insure Mr. B. Cooper's election to Sir A. Cooper's vacated chair, your Memorialists beg to say that they have the strongest reason for doubting that assertion; for had Mr. Green been inclined to forward Mr. B. Cooper's appointment, and explained to the Committee the nature of his engagements with Sir A. Cooper, the Committee would never have required him to accede to an arrangement incompatible with his honour; or if the Committee, seeing his difficulty, still continued to press their appointment, he would, had he acted in accordance with his professions and engagements, have refused to lecture with a person so appointed; and had he not been desirous of unfairly availing himself of a fortuitous occurrence, he would instantly have placed himself on an equal footing with Sir Astley's Cooper's nephews, by complying with the following clause in the original agreement, a document which he professes to recognise: "*If either or both the contracting parties*

be deprived of the opportunity of lecturing at St. Thomas's, the museum shall be moved to some convenient place, where the lecturer can be given conjointly." But Mr. Green acts in accordance neither with law nor honour.

"The Treasurer of Guy's made a statement to some of my own pupils, which was publicly repeated in the theatre of St. Thomas's Hospital, that the Committee had been informed, that Mr. Cline and Mr. Green recommended Mr. South as the more eligible candidate." The true explanation of this circumstance is as follows. When the anatomical pupils found that an appointment was made inimical, as they conceived, to their interest and instruction, they proceeded to draw up a petition to the Treasurers of both Hospitals, representing, in forcible but respectful terms, the inefficient state of the school. The Treasurer of Guy's assured them, that he would pay proper attention to their remonstrance. But when he heard it stated in full committee that "Mr. Cline considered Mr. South the most eligible, and Mr. Green confirmed that statement," it did not on this ground become him in opposition to such strong recommendations, to take any further part. It is presumed it was on the strength of this statement, and concluding it to be in accordance with Mr. Green's wishes, that the Committee immediately confirmed the appointment of Mr. South. The truth of the assertion that such a statement was made to the Committee the following letter to the Committee of St. Thomas's by the Treasurer of Guy's will fully prove.

To the Committee of St. Thomas's Hospital.

Gentlemen,—In an address purporting to refute misrepresentations, (and which is recorded in your minutes,) my conduct, and that of the Committee of Guy's Hospital, is commented upon. I must, therefore, beg to explain, that in answer to a deputation of Gentlemen from the anatomical class of the united surgical school of the two Hospitals, I did state that I considered that they had reason to complain of the appointment of a new lecturer in the middle of a course of lectures, contrary to their wishes; that as to the inefficient state of the school, it was not for me to give an opinion, for the Committee of St. Thomas's Hospital had been informed, that "Mr. Cline considered Mr. South the more eligible, and Mr. Green confirmed the statement." These words were taken down by me at the moment, and read to the Treasurer in the presence of the Committee, and he assented to their accuracy. I have only to add, that when the Committee of St. Thomas's Hospital had refused to re-consider the appointment of anatomical lecturer, which was strongly urged by a Committee of Guy's Hospital held the 23d February, the proceedings of which Committee were laid before you, and as the Committee of St. Thomas's Hospital would no longer consent to any interference in the arrangements for the united surgical school of the two Hospitals, it was then, and not till then, that Guy's Hospital determined to build an anatomical theatre.

(Signed) B. HARRISON.

Oct. 4th, 1825.

It is true, that after Mr. South had been appointed, in consequence of Mr. Cline's and Mr. Green's recommendation, Mr. Green finding his character likely to suffer from so open (and unintentionally exposed) an espousal of Mr. South's cause and interests, made application to the Treasurer of St. Thomas's, who, no doubt, from kind consideration, allowed him to state to the class, that no such recommendation had been made by him; the end being obtained, the means he disavowed. Whether Mr. Green's part in this transaction be sufficiently explained, we leave others to judge.

Quot. 12*th.*—Mr. Green states, that "The legal claim to the Museum is under investigation by an eminent solicitor appointed by Guy's Hospital, whose assiduity and knowledge will fully demonstrate the legal title if it exists." The truth is, that Mr. Freshfield, who is the officer employed by Guy's Hospital on all occasions, when instructions from the Committee are to be carried into effect, had corresponded with Mr. Green on the subject of the Museum, and had endeavoured to obtain copies of, or to inspect the papers, by virtue of which Mr. Green founds his claim to the whole Museum, which papers and inspection have been refused, as likewise was a proposal to refer the question to arbitration; indeed Mr. Green holds out a threat in his Reply, that "this point must be ultimately decided elsewhere, and before other tribunals."

Over the Treasurer and Committee Mr. Green says he has no control; this we admit. It appears then that the Committee, in regulating for the first time the succession of lecturers, have furnished him with a pretext for not fulfilling his engagement. We beg to observe, that the agreements between Sir A. Cooper and Mr. Green, in regard to the Museum

(if any exist,) are equally affected by the new regulation. Whatever engagement Sir A. Cooper originally entered into with regard to the Museum, was with the understanding that the succession to the anatomical chair was to be regulated as it always had been, by the recommendation of the existing lecturer. It cannot be supposed that Sir A. Cooper would have bound himself by the restrictive conditions of the original agreement with Mr. Cline, or that he would have toiled and incurred a heavy expence in adding to the collection, had he been aware that, by a sudden and unprecedented enactment of the Committee, he and his family were to be deprived of all benefit from that collection. Is Sir Astley Cooper alone to be bound down by an agreement, while Mr. Green takes advantage of this act of the Committee to free himself from all engagement? We contend that the act of legislation, by which Mr. Green evades his honourable engagement, also releases Sir A. Cooper from his engagement; for an honourable mind would make no distinction between the two.

Mr. Green does indeed acknowledge that in the event of Sir A. Cooper retiring, the Museum had been previously a subject of arrangement, to which he had assented, viz. that his nephews should be introduced to the lectures, and should possess the moiety of the Museum; but adds that it was on the supposition that the appointment of lecturer and the possession of the Museum should be inseparably conjoined. Now it is a fact, that Sir A. Cooper was for more than 10 years possessed of a moiety of the Museum before he was appointed by the Committee; private arrangements between the parties were therefore entered into and held sacred, for if *either or both the contracting parties were deprived of the opportunity of lecturing at St. Thomas's*, it was especially provided by an article of the agreement between Mr. Cline and Sir A. Cooper, that *the Museum should be moved to some convenient place, where the lectures could be given conjointly.*

2dly. "The Nephews have a claim by virtue of an alleged contract with me." We do not entirely rest our pretensions to the moiety of the Museum on any *contract* with Mr. Green, nor on any legal document, but on still higher grounds—the pledged faith of a gentleman. Had not Sir A. Cooper evinced the most unqualified reliance on his word, or had he suspected that Mr. Green's honour lay in a bond, Mr. Green would never have had even a pretext for urging his claim to the whole property.

3dly. "That instead of conciliatory measures, the most offensive mode of enforcing the supposed rights has been resorted to." It was not until after Mr. Key had written three notes to Mr. Green, on the subject of the Museum, that the Memorial was forwarded to the Committee. Had Mr. Green given such answers as to preclude the necessity of the Committee's interference, the offensive mode alluded to would never have been adopted.

The last remarks we have to trouble the Committee with, are on the offensive allusions contained in the concluding paragraph of Mr. Green's letter: "I trust, gentlemen, I have now amply shown, that the memorial of Mr. Chas. Aston Key and Mr. Bransby Cooper, is unworthy of any other notice, than that which a series of groundless allegations, made and circulated to the injury of another, is sure to receive from every honourable mind."

That our allegations are founded on truth, we hope we have shown to the entire satisfaction of the Committee; and the serious but indirect charge, that our motive in writing our Memorial was other than the avowed one, we most solemnly deny. Mr. Green's character it is neither our wish, nor indeed is it in our power to injure; let his conduct be open and his statements free from prevarication, and no assertions that we can make will be able to throw doubt on the one or suspicion on the other.

What we complain of in this paragraph is, that Mr. Green has made charges by implication, which, had they been stated in a more direct manner, would have incurred a responsibility he has evidently laboured to avoid. Were we inclined to make a similar retort, we should tax him only with prevarication; with falsehood we would not charge him; the latter implies at least a degree of courage; the former is the subterfuge of a mind capable of framing a falsehood but without the manliness to avow it.

We have the honour to be,
Gentlemen,
Your most obedient servants,

C. Aston Key,
Bransby Blake Cooper.

Nov. 16, 1825.

HOSPITAL INSTRUCTION.

To the Editor of THE LANCET

SIR,—The zealous and persevering manner in which you follow up, and make public, every thing your active and correct judgment conceives to be conducive to our welfare and improvement, entitles you to the warmest gratitude of every Student. Will you increase the obligation we are already under, by doing an act of justice to one who has also ever shown himself the Pupil's friend?

I am induced to trespass on your time in consequence of a letter in your last Number, (p. 189,) headed, "Hospital Instruction," and signed, "A Medical Student," in which your Correspondent complains how few the bed-side remarks of the Hospital Physicians and Surgeons are; or, as it is expressed, "the scantiness of oral communication." With respect to many of the individuals in question the complaint is justly founded; but is it possible your correspondent could ever have followed Mr. Lawrence round the wards, and afterwards have meant to include *him* in the sweeping accusation the letter contains?

I hope, for the sake of the complainant's judgment, that he has yet to enjoy, for the first time, that *treat*, for such, indeed, it is to hear Mr. Lawrence's full and detailed account of every case worthy of note; his remarks exhibiting no ordinary share of intellect, and his opinions clear, decided, and replete with originality; whilst occasionally, by extending the field of his observations, he shines as the man of extensive general information.

Firmly relying on your liberality and justice, giving "tribute to whom tribute is due," allow me to subscribe myself a Pupil, and

A FRIEND TO FAIR PLAY.

St. Bartholomew's Hospital,
Tuesday, 1st Nov.

P.S. I am sorry again to differ from your Correspondent, but I deem it morally impossible for "a thoughtful and diligent Student" to follow *any* Physician or Surgeon through the wards and "walk out again just as wise as he walked in."

HOSPITAL REPORTS.

ST. BARTHOLOMEW'S HOSPITAL.

Case of Pneumonia.—Application of the Stethoscope.

M. A., a delicate and interesting girl of 19 years of age, had been labouring under quinsey for about four days, and which she contracted by catching cold from getting her feet wet, when, from over exertion, she suddenly became faint, was carried to bed, and awoke but to experience one of the most violent as well as the most stubborn attacks of pneumonia that could well be conceived. The following were the particulars elicited: she stated that a medical gentleman was immediately called in, who bled her to about a pint; from this she derived little or no relief; a blister was then ordered to be applied to the chest, and on the following day from this, connected with the action of purgative medicines which had also been administered, she felt benefited; but the symptoms still running high, it was deemed prudent again to abstract blood to the same quantity as before, and the aperient medicine to be continued.

But little abatement even of the pain, which was aggravated by pressure, and which now affected the right side as well as the chest, ensued, and none whatever of the other symptoms; a frequent harassing cough came on; she was prevented from having her wonted sleep, the features became attenuated, and the frame emaciated. Twelve leeches were now ordered to the chest, and repeated on the following day; the application of these in some measure afforded relief, and, to judge from the description of the girl, the disease had assumed the subacute form. About this time, which was the tenth day of the attack, her menses returned, and during their continuance the other symptoms were decidedly diminished; an expectoration, on the menstrual discharge ceasing, succeeded the cough, and from the use of medicines the symptoms grew milder, when, for the first time, she observed blood brought up with the mucus. She now became greatly alarmed, sent to the Aldersgate Dispensary, and was attended by Dr. Clutterbuck, who, from the symptoms which then existed, again bled her to a pint, and on the following day ordered two blisters to be applied, one to the side and the other to the chest, which had the effect of almost completely removing the pain for three successive days, when, however, it again returned,

nearly as bad as before. Nauseating medicines were now had recourse to, and they were continued for a week with decided benefit, but for some reason, which could not be learned, they were discontinued and others substituted, without, however, the same relief; the chest and side, comparatively-speaking, were much better, but still there was a good deal of pain; the hæmoptysis had continued with little intermission, and in this state she applied at the Hospital on the 1st of September, being the fourth week of her illness, and was fortunate enough to become a patient of Dr. P. Latham; when the following symptoms were present:—Pain in the chest on inspiration, also a slight pain in the side; night sweats, troublesome cough, and difficult expectoration; bowels rather constipated; the bloody sputa had, in a great measure, disappeared; pulse frequent, tongue slightly furred and moist, emaciated frame, with a hectic flush and sleepless nights.

The sounds elicited from the different parts of the chest on *percussion* were, generally speaking, healthy; the only part where a duller sound than natural was detected was towards the anterior inferior portion of the right cavity.

Stethoscope.—The respiration in every part of the chest good, excepting in the region before-mentioned; here, indeed, the respiratory murmur was not entirely wanting, but contrasting it with that observed in the other parts of the chest, it might be called the *puerile* respiration.

The following mixture was then ordered, with milk diet *:—

Take—

Mint water,
Distilled water, of each 7½ ounces;
Dilute sulphuric acid, two drachms;
Syrup of red poppies, one ounce: mix.

Three table spoonfuls to be taken every six hours.

Take *opium, one grain:* to be taken every night at bed time.

12th. Has found the acid to agree with the stomach; the night sweats and cough are relieved; the pulse still continues frequent; the bowels being rather confined, a drachm of the sulphate of magnesia was added to the mixture.

20th. Complains to-day of rather an increase of the pain in the chest, referred to the right side, for which a blister was ordered. Sleep much improved, the night sweats less, and in other respects she finds herself better.

21st. Feet relieved from the blister which was applied yesterday. The other medicines to be continued as before.

29th. To-day she again complains of some pain on pressure of the right side, six leeches were therefore ordered to be applied, and the part afterwards to be well fomented; to take a dose of castor oil immediately, and repeat it occasionally until the bowels should be freely opened. Theopium pill to be discontinued. Feels no unpleasant effect from the acid, and the appetite begins to return.

Oct. 4th. The action of the oil with the other remedies has entirely removed the pain, the tongue has become perfectly clean, the night sweats have completely disappeared, (and which, to use her own expression, at one time nearly deluged her,) and she may be now fairly pronounced convalescent. Dr. L. observed to-day that he hailed the constipation of the bowels in cases of hectic with the greatest delight, in consequence of which the use of the acid might be persisted in to its greatest extent. Take

Dilute sulphuric acid, one drachm and a half,
Water, a pint,
Syrup, half an ounce;

to be taken as before.

Take

Aloetic pill, five grains,
Blue pill, four grains;

to be made into two pills; to be taken every night.

12th. We find her to-day progressively improving; ordered to discontinue the pills, and to have half a drachm of the acid added to the mixture, and each dose increased to three ounces; and to be put on broth diet, which allows her a pint of Hospital beer and two pints of broth, instead of the porridge.

25th. Has nothing to complain of now but weakness, (another drachm of acid added to the mixture,) which she is gradually getting over, and is now only contemplating with delight a speedy return to her friends.

Extensive Laceration of the Scalp.

William Cobb, ætat. 60, was admitted into Rahere's Ward on the 14th of September under Mr. Lawrence, in consequence of an injury to the head, which he received by being thrown from his coach. When brought in, his head and face were very much bruised. The scalp was torn to the extent of five inches across the parietal bones, about an inch posterior to

* The milk diet is as follows:—milk porridge; 12oz. bread, two pints of milk, with tapiocha, arrow root, sago, or rice, as may be prescribed; and barley water.

the coronal suture; it was completely separated for about two inches from the bone. It was replaced as nearly as possible in its former situation, and adhesive plaster applied.

18th. Did not sleep well; complains of pain in the head; tongue furred; pulse frequent and full; the head and face much discoloured and puffy. Ordered to be bled to ʒxvj., and to take the saline mixture with ʒi. of the liquor ant. tart. every six hours.

16th. Rather better; ordered to continue the medicines.

17th. Passed a restless night; tongue very much furred; bowels confined; pulse 90, intermits; the whole scalp puffy; fluid apparently beneath.

18th. Was seen by Mr. Lawrence, pulse 90, intermits, and very irregular; bowels costive; considerable purulent discharge from the eye-lids. Mr. L. examined the scalp, and as the presence of fluid was very evident, he introduced a director into the wound, which passed its whole length, but more particularly towards the forehead. He cut down upon the director in three different directions in three different places, two opposite the frontal protuberances, and one on the parietal bone; the incisions were an inch and a half long, and bled freely. He was ordered to be bled to ʒxx., and to continue his medicine. The edges of the incisions were kept separate by simple dressing, and poultice applied.

19th. Rather better; pulse 85, irregular; bowels not open since 12 yesterday. To-day Mr. L. pressed out a quantity of coagulum from the incisions he made yesterday. He was ordered simple dressing and the poultice, and to take an ounce of house physic every two hours, till it operated.

20th. Says he is much better. This morning we learned he had been wandering in the night. His pulse is very irregular and weak, 100; tongue covered with a brown fur, but red at the tip and edges. His bowels are freely open; no pain in the head; but says it feels rather sore. A quantity of bloody fœtid serum is discharged from the wound.

21st, 22d, 23d. Continued saline medicine; sleeps well, and appears on the whole to be better.

25th. Going on well; but as there is considerable debility, ordered a pint of porter daily, with meat diet.

October 2. Continued taking the porter till to-day, when, having passed a restless night, he complained of pain in the head, and great thirst; the pulse was quick and intermitting, but more frequent than formerly; the scalp was much puffed. The porter and meat diet were ordered to be discontinued, and V. S. ad ʒxii; emplast. lyttæ inter scapulas; 4 grs. of calomel, and 10 grs. of ℈ lap. with the saline mixture, and 30 drops of the liq. ant. tart. every six hours.

3d. No material change was produced by this treatment; but the patient gradually sank towards evening, and died at 12 o'clock p. m.

A post-mortem examination was instituted, but nothing was detected from the *appearances observed* to account for death.

Sarah Parfett, ætat. 55, was admitted into Sitwell's Ward, having a considerable thickening of the larynx, attended with hoarseness, and with a swelling on the left side of the throat, extending under the sterno cleido mastoideus muscle, which felt extremely hard. Poultices were ordered without in the slightest degree affecting it. The mercurial ointment with camphor was next directed, and various other means employed until January, without producing any alteration in the state of the tumour, with the exception of rendering it rather softer. Mr. Lawrence made a free opening into the tumour, which had the effect of relieving the patient greatly; little matter was discharged; it appeared in a partly sloughing and partly ulcerated state. It was very slow in healing. Being discharged cured in April, she was again admitted on the 27th of July, complaining of considerable pain and soreness in the throat. The larynx felt harder and thicker than common; the voice was much more affected than before; in addition to which there was now considerable external inflammation. Leeches in great quantities, at various times, were employed, from which she derived much benefit. The tartar emetic ointment was next used, without much relief. The difficulty of respiration was now much increased. The general health of the patient did not seem to be much affected; the pulse being generally regular and appetite good. On September the 24th, a blister was ordered to be applied, and to be kept open with savine ointment. This did not afford the slightest relief. On the 25th she was seized with increased difficulty of breathing, as almost to amount to suffocation. The house surgeons, Messrs. Joseph and Clark, thinking an operation necessary, sent for Mr. Lawrence, who declined operating, and said it must be delayed to the very last, as he doubted, even if successfully performed, whether it would obviate the symptoms. He ordered her three grains of pulv. antimonialis, and hydr. subm. gr. ij. to be

taken every four hours; during the night she had several severe paroxysms.

26th. Better to-day; continues the calomel and antimony, every eight hours. She took two emetics, which relieved the oppression upon the chest of which she complained.

27th. She is going on better; respiration much freer; is able to lie down, which she had not been able to do for some time. Ordered by Mr. Lawrence gr. ij. of calomel and one-third gr. pulv. opii. every four hours. She continued to take the mercury until the 29th, when she was salivated. From this time she gradually got well, the inflammation subsiding and the voice returning; at present she complains of nothing but weakness. Mr. Lawrence, in detailing the case to the pupils (according to his laudable, but in this Hospital *singular* custom,) at the bed-side of the patient, stated—that he had seen a case of internal inflammation of the larynx, in consultation with Dr. Farre and Mr. Tyrrel on the propriety of performing the operation of laryngotomy, and where they were of opinion, from the exhausted state of the patient, that he was not to be saved by its performance. It was agreed, however, to make a trial of mercury, and see if it would not, as in iritis, put a stop to the action of the minute vessels; this treatment was successful. Mr. L. said, that having this case in view, he had directed the use of mercury in the present instance; the mouth became severely affected in two days; the diseased action subsided, and the voice returned. He concluded by observing that it appeared to him that we have formed too limited a view of the use of mercury, and that he considered it a medicine of too great power and value to omit mentioning every fresh instance of its efficacy.

Morbid Anatomy.

It is the practice at this Hospital, each Saturday morning, to devote the hour usually occupied by the demonstrations to an examination of the class on some of the principal points that have been made the subject of demonstration and lecture in the course of the preceding week, and to the exhibition of any specimens of morbid anatomy that may have been collected during this period. In pursuance of this highly useful practice, Mr. Stanley, on Saturday last, called the attention of the class to the circumstance of his having found a large quantity of blood within the pericardium of a heart which he demonstrated in the early part of the week, and which he then said might most probably have arisen from the bursting of an aneurismal sac, or the rupture of one of the coronary arteries, but that it was sometimes found without any cause being discoverable for it. He now produced the heart, and observed he had minutely examined it, in order to detect the cause of so large an effusion of blood and, to his great astonishment, he discovered it to proceed from a source which he considered of extremely rare occurrence, *an ulceration of the heart in three distinct places*, two of the semilunar valves were ulcerated, and from the inferior border of one grew a fungous excrescence. Ulceration had also taken place through the parietes of the left ventricle at its upper part into the bag of the pericardium, at once satisfactorily accounting for the extravasation of so large a quantity of blood.

A stump of a lower extremity, also taken from a subject in the dissecting room, was shown to the class, where the amputation had been performed below the knee, in which the terminations of the ischiatic and anterior tibial nerves were, as is almost invariably the case, bulbous. This fact has lately been disputed, but in this instance it was also discovered that the posterior tibial and popliteal nerves, instead of terminating in this manner, were found to be completely united to the stump by a partial expansion over its surface. This pathological fact shows the great impropriety of leaving the ends of nerves so long as is done by some operators; the fact here noticed, no doubt, explains why it is that some stumps are so irritable as not to allow of a wooden leg being worn.

A fore-arm and hand, also from the dissecting-room, were exhibited, in the first of which a fracture of the lower end of the radius had taken place so near to its articulation with the carpal bones that, at the time of the accident, it might have been readily mistaken for a dislocation of some of these bones, if it were not at the time kept in mind, that a fracture so close to the joint might happen. The two portions of bone had firmly united, and the movements of the joint were in every respect perfect.

Since our last, there have been two operations performed at this Hospital—amputation of the leg by Mr. Lawrence, and one for femoral aneurism by Mr. Stanley; the artery was tied below Poupart's ligament. Mr. S. operated neatly, and with his usual coolness and dexterity.